

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2005**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization**RAINFOREST ALLIANCE**

Number and street (or P O box if mail is not delivered to street address)

**665 BROADWAY**Room/suite  
**500**

City or town, state or country, and ZIP + 4

**NEW YORK, NY 10012-2420****D** Employer identification number**13-3377893****E** Telephone number**(212) 677-1900****F** Accounting method: ☐ Cash ☒ Accrual  
Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H** and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****G** Website: **WWW.RA.ORG****J** Organization type (check only one) ☒ 501(c) ( **3** ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **15,176,662.****Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>1</b> Contributions, gifts, grants, and similar amounts received					
<b>a</b> Direct public support	<b>1a</b>	<b>4,484,700.</b>		<b>1d</b>	<b>4,484,700.</b>
<b>b</b> Indirect public support	<b>1b</b>			<b>2</b>	<b>9,627,746.</b>
<b>c</b> Government contributions (grants)	<b>1c</b>			<b>3</b>	<b>737,712.</b>
Total (add lines 1a through 1c) (cash \$ <b>4,383,363.</b> noncash \$ <b>101,337.</b> )				<b>4</b>	<b>6,302.</b>
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)				<b>5</b>	
<b>3</b> Membership dues and assessments				<b>6a</b>	
<b>4</b> Interest on savings and temporary cash investments				<b>6b</b>	
<b>5</b> Dividends and interest from securities				<b>6c</b>	
<b>6</b> Less: rental expenses				<b>7</b>	
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)				<b>8d</b>	
<b>7</b> Other investment income (describe ▶ )					
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>101,337.</b>	<b>8a</b>			
<b>b</b> Less cost or other basis and sales expenses	<b>101,337.</b>	<b>8b</b>			
<b>c</b> Gain or (loss) (attach schedule)		<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>STMT 1</b>				
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ <b>978,664.</b> of contributions reported on line 1a)	<b>9a</b>	<b>97,799.</b>		<b>9c</b>	<b>-145,218.</b>
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>	<b>243,017.</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)			<b>SEE STATEMENT 2</b>		
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			<b>10c</b>	<b>121,066.</b>
<b>b</b> Less cost of goods sold	<b>10b</b>			<b>11</b>	<b>121,066.</b>
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				<b>12</b>	<b>14,832,308.</b>
<b>11</b> Other revenue (from Part VII, line 103)				<b>13</b>	<b>13,795,240.</b>
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				<b>14</b>	<b>215,761.</b>
<b>13</b> Program services (from line 44, column (B))				<b>15</b>	<b>879,549.</b>
<b>14</b> Management and general (from line 44, column (C))				<b>16</b>	
<b>15</b> Fundraising (from line 44, column (D))				<b>17</b>	<b>14,890,550.</b>
<b>16</b> Payments to affiliates (attach schedule)				<b>18</b>	<b>-58,242.</b>
<b>17</b> Total expenses (add lines 16 and 44, column (A))				<b>19</b>	<b>269,682.</b>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)				<b>20</b>	<b>0.</b>
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))				<b>21</b>	<b>211,440.</b>
<b>20</b> Other changes in net assets or fund balances (attach explanation)					
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)					

523001 02-03-06 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2005)

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b> Grants and allocations (attach schedule) (cash \$ <u>340,949</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input checked="" type="checkbox"/> <b>X</b> )	<b>22</b> 340,949.	340,949.	<b>STATEMENT 4</b>	
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25</b> Compensation of officers, directors, etc. **	<b>25</b> 712,309.	432,172.	139,056.	141,081.
<b>26</b> Other salaries and wages	<b>26</b> 4,754,418.	4,449,085.	8,405.	296,928.
<b>27</b> Pension plan contributions	<b>27</b> 53,041.	51,092.		1,949.
<b>28</b> Other employee benefits	<b>28</b> 707,376.	649,477.	6,625.	51,274.
<b>29</b> Payroll taxes	<b>29</b> 282,957.	254,661.	5,659.	22,637.
<b>30</b> Professional fundraising fees	<b>30</b> 55,915.	8,639.		47,276.
<b>31</b> Accounting fees	<b>31</b> 84,774.	82,842.	203.	1,729.
<b>32</b> Legal fees	<b>32</b> 22,923.	22,401.	54.	468.
<b>33</b> Supplies	<b>33</b> 117,417.	112,756.	422.	4,239.
<b>34</b> Telephone	<b>34</b> 180,877.	171,710.	3,766.	5,401.
<b>35</b> Postage and shipping	<b>35</b> 250,727.	156,277.	718.	93,732.
<b>36</b> Occupancy	<b>36</b> 720,170.	681,496.	7,575.	31,099.
<b>37</b> Equipment rental and maintenance	<b>37</b> 222,878.	210,081.	1,560.	11,237.
<b>38</b> Printing and publications	<b>38</b> 186,423.	129,768.	1,446.	55,209.
<b>39</b> Travel	<b>39</b> 1,285,065.	1,230,662.	28,682.	25,721.
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 59,950.	46,861.	649.	12,440.
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> WORKSHOPS	<b>43a</b> 282,392.	281,056.	89.	1,247.
<b>b</b> OTHER OFFICE EXPENSES	<b>43b</b> 466,431.	397,476.	3,033.	65,922.
<b>c</b> CERTIFICATION	<b>43c</b> 1,839,276.	1,826,982.	2,334.	9,960.
<b>d</b> CONSULTANTS	<b>43d</b> 2,264,282.	2,258,797.	5,485.	
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 14,890,550.	13,795,240.	215,761.	879,549.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒ **X**If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A , (ii) the amount allocated to Program services \$ N/A ,(iii) the amount allocated to Management and general \$ N/A , and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

\*\* SEE STATEMENT 3

**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 5</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> <b>SEE ATTACHMENT B</b>	
(Grants and allocations \$ <b>340,949.</b> ) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	<b>13,795,240.</b>
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>13,795,240.</b>

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**Part IV Balance Sheets** (See the instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	519,843.	45	571,492.
	46 Savings and temporary cash investments	50,392.	46	293,342.
	47 a Accounts receivable	47a 1,185,167.		
	b Less: allowance for doubtful accounts	47b	47c	1,185,167.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable	1,279,889.	49	1,351,162.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	346,166.	53	424,068.
	54 Investments - securities STMT 8 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	62,670.	54	52,147.
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 622,719.			
b Less: accumulated depreciation STMT 6	57b 427,286.	57c	195,433.	
58 Other assets (describe <input checked="" type="checkbox"/> SECURITY DEPOSIT )	157,821.	58	118,366.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	3,569,416.	59	4,191,177.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	528,583.	60	812,720.
	61 Grants payable		61	
	62 Deferred revenue	159,706.	62	649,164.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	2,533,638.	64b	2,469,383.
	65 Other liabilities (describe <input checked="" type="checkbox"/> SEE STATEMENT 7 )	77,807.	65	48,470.
66 <b>Total liabilities.</b> Add lines 60 through 65)	3,299,734.	66	3,979,737.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted	-1,181,961.	67	-951,789.
	68 Temporarily restricted	1,451,643.	68	1,163,229.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	269,682.	73	211,440.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	3,569,416.	74	4,191,177.	

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**Part VI Other Information** (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	582,481.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <u>SEE STATEMENT 10</u>		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	71
91 a	The books are in care of <u>C/O THE ALLIANCE</u> Telephone no <u>212-677-1900</u> Located at <u>665 BROADWAY, NEW YORK, NY</u> ZIP + 4 <u>10012-2420</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>SEE ATTACHMENT A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>SEE ATTACHMENT A</u>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <b>CERTIFICATION FEES</b>					4,750,927.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					4,876,819.
94 Membership dues and assessments					737,712.
95 Interest on savings and temporary cash investments			14	6,302.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	-145,218.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <b>OTHER</b>					121,066.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		-138,916.	10,486,524.
105 Total (add line 104, columns (B), (D), and (E))					10,347,608.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 11

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

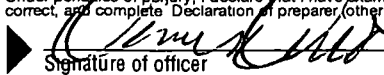

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	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.	
	Signature of officer 	Date 4-12-07
Paid Preparer's Use Only	Type or print name and title Daniel Doucette; Director, Finance & Ops	
	Date 4/5/07	Check if self-employed <input type="checkbox"/>
523163 02-03-06	Preparer's signature 	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4 O CONNOR DAVIES MUNNS & DOBBINS, LLP 60 EAST 42ND STREET 36TH FL NEW YORK, NY 10165	EIN > (212) 286-2600



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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2005**

Name of the organization

**RAINFOREST ALLIANCE**

Employer identification number

**13 3377893**

**Part I**

**Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LUIS DUCHICELA 665 BROADWAY, SUITE 500, NEW YORK, NY	PROGRAM DIRECTOR 40.00	112,403.	6,192.	0.
REBECCA BUTTERFIELD 665 BROADWAY, SUITE 500, NEW YORK, NY	PROGRAM DIRECTOR 40.00	98,800.	7,951.	0.
VERA ZLATARSKI 665 BROADWAY, SUITE 500, NEW YORK, NY	GENERAL COUNSEL 40.00	90,000.	8,860.	0.
SABRINA VIGILANTE 665 BROADWAY, SUITE 500, NEW YORK, NY	MARKETING DIRECTOR 40.00	82,625.	8,639.	0.
DANIEL DOUCETTE 665 BROADWAY, SUITE 500, NEW YORK, NY	DIR OF FIN/ADMIN 40.00	107,120.	8,859.	0.
Total number of other employees paid over \$50,000 ▶	28			

**Part II-A**

**Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
KENT COMMUNICATIONS P.O. BOX 431, GARRISON, NY 10524	COMMUNICATIONS CONSULTANT	69,600.
AIMEE RUSSILLO 3900 CROSBY DRIVE, LEXINGTON, KY 40515	MONITORING & EVALUATION CONSUL	57,500.
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-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B**

**Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**Part III** Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>\$</b> _____ <b>\$</b> _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE STATEMENT 12</b>	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5	<input type="checkbox"/>	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6	<input type="checkbox"/>	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7	<input type="checkbox"/>	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8	<input type="checkbox"/>	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
10	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the <b>Support Schedule</b> in Part IV-A.)
11a	<input checked="" type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)
11b	<input type="checkbox"/>	A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)
12	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part IV-A.)
13	<input type="checkbox"/>	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14	<input type="checkbox"/>	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)
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**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	4,398,873.	3,816,028.	3,162,071.	2,893,518.	14,270,490.
<b>16</b> Membership fees received	659,969.	468,257.	397,186.	315,379.	1,840,791.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	6,743,057.	4,423,777.	594,503.	740,472.	12,501,809.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,042.	3,523.	95,676.	62,253.	162,494.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	46,809.		SEE STATEMENT 13		46,809.
<b>23</b> Total of lines 15 through 22	11,849,750.	8,711,585.	4,249,436.	4,011,622.	28,822,393.
<b>24</b> Line 23 minus line 17	5,106,693.	4,287,808.	3,654,933.	3,271,150.	16,320,584.
<b>25</b> Enter 1% of line 23	118,498.	87,116.	42,494.	40,116.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					326,412.
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					2,587,295.
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					16,320,584.
<b>d</b> Add: Amounts from column (e) for lines 18 162,494. 19 22 46,809. 26b 2,587,295.					2,796,598.
<b>e</b> Public support (line 26c minus line 26d total)					13,523,986.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					82.8646%
<b>27</b> Organizations described on line 12: <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year N/A					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A					
<b>c</b> Add: Amounts from column (e) for lines 15 16 17 20 21					N/A
<b>d</b> Add: Line 27a total and line 27b total					N/A
<b>e</b> Public support (line 27c total minus line 27d total)					N/A
<b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					N/A
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

**29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

Yes No

29

**30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30

**31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31

If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)

**32** Does the organization maintain the following

**a** Records indicating the racial composition of the student body, faculty, and administrative staff?

32a

**b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32b

**c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32c

**d** Copies of all material used by the organization or on its behalf to solicit contributions?

32d

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

**33** Does the organization discriminate by race in any way with respect to

**a** Students' rights or privileges?

33a

**b** Admissions policies?

33b

**c** Employment of faculty or administrative staff?

33c

**d** Scholarships or other financial assistance?

33d

**e** Educational policies?

33e

**f** Use of facilities?

33f

**g** Athletic programs?

33g

**h** Other extracurricular activities?

33h

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

**34 a** Does the organization receive any financial aid or assistance from a governmental agency?

34a

**b** Has the organization's right to such aid ever been revoked or suspended?

34b

If you answered "Yes" to either 34a or b, please explain using an attached statement.

**35** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

35

Schedule A (Form 990 or 990-EZ) 2005

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** ☐ if the organization belongs to an affiliated groupCheck ☐ **b** ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		0.

620190 1

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
20 SHARES OF ULTRA PETROLEUM CORP.	1,101.	1,101.	0.	0.
3,625 SHARES OF NORTH FORK BANKCORP. INC.	99,217.	99,217.	0.	0.
30 SHARES OF GENERAL ELECTRIC CO.	1,019.	1,019.	0.	0.
TO FORM 990, PART I, LINE 8	101,337.	101,337.	0.	0.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GALA	1072763.	978,664.	94,099.	243017.	-148,918.
OTHER SMALL EVENTS	3,700.		3,700.		3,700.
TO FM 990, PART I, LINE 9	1076463.	978,664.	97,799.	243017.	-145,218.

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25

STATEMENT 3

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DIANE JUKOFSKY	77,700.	4,998.		82,698.
A. PROGRAM SERVICES	62,160.	3,998.		66,158.
B. MANAGEMENT AND GENERAL	11,655.	750.		12,405.
C. FUNDRAISING	3,885.	250.		4,135.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
CHRIS WILLE	76,960.	4,974.		81,934.
A. PROGRAM SERVICES	73,112.	4,725.		77,837.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING	3,848.	249.		4,097.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
TENSIE WHELAN	155,000.	11,646.		166,646.
A. PROGRAM SERVICES	37,200.	2,795.		39,995.
B. MANAGEMENT AND GENERAL	117,800.	8,851.		126,651.
C. FUNDRAISING				



NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ANAPaula TAVERAS	121,667.	11,182.		132,849.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING	121,667.	11,182.		132,849.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KARIN KREIDER	115,500.	9,657.		125,157.
A. PROGRAM SERVICES	115,500.	9,657.		125,157.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RICHARD DONOVAN	114,600.	8,425.		123,025.
A. PROGRAM SERVICES	114,600.	8,425.		123,025.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				432,172.
TOTAL MANAGEMENT AND GENERAL				139,056.
TOTAL FUNDRAISING				141,081.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				712,309.

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT

4

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CHARITABLE	WILDLAWS SOUTH FOREST NETWORK	8116 S. FEDERAL RD. , MONTGOMERY, AL 36117	NONE	3,750.
CHARITABLE	PROG FOR BELIZE	1 EYRE ST. P.O. BOX 749, BELIZE CITY, BELIZE	NONE	53,098.
CHARITABLE	ALIANZA VERDE	CAST DE ARISMENDI, PQE CNTRL DE CIUDAD, GUATAMALA	NONE	57,346.
CHARITABLE	FUNDACION COCIBOCIA	APDO. C-212 , MANAGUA NICARAGUA	NONE	9,720.
CHARITABLE	ASEC	C GUARDERAS N47 340 Y G SALAZAR, QUITO, ECUADOR	NONE	34,395.
CHARITABLE	CCD CORP DE CONSERVACION DESAROLLO	APTD0 1716-1855, QUITO, ECUADOR	NONE	13,720.
CHARITABLE	SALVANATURA	33 AV. SUR NO. 640 COL FLOR BLANCA, EL SALVADOR	NONE	13,932.
CHARITABLE	TIDE	PO BOX 150, PUNTA GORDA TOWN, BELIZE	NONE	14,230.
CHARITABLE	FUNDACION NATURA	CALLE 61 4-26 AA55402, BOGOTA, COLOMBIA	NONE	14,720.
CHARITABLE	ICADE	APARTADO POSTAL 4079, TEGUCIGALPA M.D.C., HONDURAS	NONE	14,720.
EDUCATIONAL	AMY DUCHELLE	205 C SE 7 ST., GAINSVILLE, FL 32601	NONE	15,000.
CHARITABLE	IMAFLOA	SP BRAZIL	NONE	18,345.
CHARITABLE	CHINESE ACADEMY OF FORESTRY	WANSHOU SHAN, BEIJING 100091, PR CHINA	NONE	77,973.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

340,949.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	5
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EXPLANATION

THE MISSION OF THE RAINFOREST ALLIANCE IS TO PROTECT ECOSYSTEMS AND THE PEOPLE AND WILDLIFE THAT DEPEND ON THEM BY TRANSFORMING LAND-USE PRACTICES, BUSINESS PRACTICES AND CONSUMER BEHAVIOR. COMPANIES, COOPERATIVES AND LANDOWNERS THAT PARTICIPATE IN OUR PROGRAMS MEET RIGOROUS STANDARDS THAT CONSERVE BIODIVERSITY AND PROVIDE SUSTAINABLE LIVELIHOODS.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	6
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
PROPERTY AND EQUIPMENT	622,719.	427,286.	195,433.
TOTAL TO FORM 990, PART IV, LN 57	622,719.	427,286.	195,433.

FORM 990	OTHER LIABILITIES	STATEMENT	7
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DESCRIPTION	AMOUNT
ANNUITIES PAYABLE	5,157.
DEFERRED RENT LIABILITY	43,313.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	48,470.

FORM 990	OTHER SECURITIES	STATEMENT	8
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
SEGREGATED INVESTMENTS	COST	52,147.
TO FORM 990, LINE 54, COL B		52,147.

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DANIEL R. KATZ 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	CHAIR 1.00	0.	0.	0.
LABEEB M. ABOUD 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	VICE CHAIR 1.00	0.	0.	0.
BERT AERTS 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DIRECTOR 1.00	0.	0.	0.
DR. NOEL BROWN 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DIRECTOR 1.00	0.	0.	0.
KAREN CLARK 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DIRECTOR 1.00	0.	0.	0.
DANIEL COHEN 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DIRECTOR 1.00	0.	0.	0.
DR. FRANK A. DOTTORI 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DIRECTOR 1.00	0.	0.	0.
DR. KARL FOSSUM 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DIRECTOR 1.00	0.	0.	0.
WENDY GORDON 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DIRECTOR 1.00	0.	0.	0.
ROBERT M. HALLMAN, ESQ. 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DIRECTOR 1.00	0.	0.	0.
DIANE JUKOFSKY 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DIRECTOR 40.00	77,700.	4,998.	0.

# RAINFOREST ALLIANCE

13-3377893

HENRY E. JUSZKIEWICZ 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DIRECTOR 1.00	0.	0.	0.
SUDHAKAR KESAVAN 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DIRECTOR 1.00	0.	0.	0.
MARY STUART MASTERSON 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DIRECTOR 1.00	0.	0.	0.
ANTHONY RODALE 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DIRECTOR 1.00	0.	0.	0.
ERIC ROTHENBERG 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DIRECTOR 1.00	0.	0.	0.
PETER M. SCHULTE 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	TREASURER 1.00	0.	0.	0.
KERRI A. SMITH 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DIRECTOR 1.00	0.	0.	0.
MARTIN TANDLER 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DIRECTOR 1.00	0.	0.	0.
ANNEMIEKE WIJN 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DIRECTOR 1.00	0.	0.	0.
CHRIS WILLE 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DIRECTOR 40.00	76,960.	4,974.	0.
MARY WILLIAMS 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DIRECTOR 1.00	0.	0.	0.
ALAN WILZIG 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DIRECTOR 1.00	0.	0.	0.
TENSIE WHELAN 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	EXECUTIVE DIRECTOR 40.00	155,000.	11,646.	0.

RAINFOREST ALLIANCE

13-3377893

ANAPAUULA TAVERAS 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DEPUTY DIRECTOR 40.00	121,667.	11,182.	0.
KARIN KREIDER 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DEPUTY DIRECTOR 40.00	115,500.	9,657.	0.
RICHARD DONOVAN 665 BROADWAY, SUITE 500 NEW YORK, NY 10012	DEPUTY DIRECTOR 40.00	114,600.	8,425.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		661,427.	50,882.	0.

FORM 990	LIST OF STATES RECEIVING COPY OF RETURN PART VI, LINE 90	STATEMENT	10
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STATES

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

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	11
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	REVENUE EARNED FROM FORESTRY CERTIFICATION ACTIVITIES THAT ATTEST TO SOUND MANAGEMENT OF FORESTS IN ACCORDANCE WITH STRICT STANDARDS FOR SUSTAINABILITY.
93G	REVENUE EARNED FROM EXECUTING ACTIVITIES RELATED TO CONSERVATION AND SUSTAINABILITY.
94	DUES FROM INDIVIDUALS TO HELP RAINFOREST ALLIANCES PROGRAMS THAT CONSERVE BIODIVERSITY AND PROVIDE SUSTAINABLE LIVELIHOODS.
103A	REVENUE FROM PRE-CERTIFICATION ACTIVITIES, TRAINING SEMINARS, CONSULTING WORK AND SUNDRY ITEMS RELATED TO CONSERVATION AND SUSTAINABILITY.

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SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2D	STATEMENT 12
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SEE 990 PART V-A

SCHEDULE A	OTHER INCOME			STATEMENT 13
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
OTHER REVENUE	46,809.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	46,809.	0.	0.	0.



**RAINFOREST ALLIANCE**

**JUNE 30, 2006**

**EIN# 13-3377893**

**FORM 990, PART VI, 91B and 91C**

**FOREIGN OFFICES AND BANK ACCOUNTS**

**LOCATION**

**COUNTRY CODE**

**COSTA RICA  
GUATEMALA  
MEXICO  
INDONESIA**

**CS  
GT  
MX  
ID**

Description of Program Service One

The Rainforest Alliance works around the globe to create standards that help people protect biodiversity and offer economic opportunities to populations in need. We work primarily in the forestry, agriculture, and tourism sectors, but also in educating consumers and training the media to be more effective advocates of conservation.

Over the last four centuries, half of the world's forests have been cleared. In response to this significant loss, the Rainforest Alliance pioneered forestry certification in 1989 with the launch of **SmartWood**, the first global sustainable forestry certification program. To encourage market-driven, environmentally and socially sound management of forests, tree farms, and forest resources, we issue a seal of approval to operations that follow strict standards for sustainability. SmartWood certification guarantees consumers that any forest product – whether it's a guitar, a bookcase or raw lumber—comes from a forest or tree farm managed to conserve biodiversity and ensure the rights of workers and local people. Our management standards require selective cutting practices, the protection of wildlife habitat, the conservation of biological resources and the minimization of damage to the forest during harvesting. To date, we have certified more than 34 million acres in 50 countries around the world.

To integrate productive agriculture, biodiversity conservation and human development, we developed our Sustainable Agriculture program. After it significantly reduced its use of herbicides, invested in recycling and provided its workers with improved training, housing, health benefits and education, ten years ago we certified our first banana farm. Today, we also stamp our seal of approval on well-managed coffee, cocoa, citrus and cut-flower and fern farms. Through collaboration with farmers, scientists and activists involved in our Sustainable Agriculture Network – a consortium of nine leading conservation groups in Latin America – we are sowing the seeds of change.

Through certification and training , we help land users and businesses produce goods and provide services according to practices that will not deplete resources or negatively impact local communities. The availability of certified products gives consumers the choice to “vote with their dollars” – to influence the corporate commitment to sustainability.

The Rainforest Alliance is also working with other organizations and experts worldwide to develop best management practices for sustainable tourism that help tourism suppliers and consumers effectively contribute to biodiversity conservation and social welfare. As an initial step towards forming an international accreditation body for certifying sustainable tourism operations, we launched the Sustainable Tourism

Network of the Americas, which helps tour operators, governments, civic organizations and travelers share information on benefits and standards for sustainable tourism.

The Rainforest Alliance's success is predicated on the partnerships we establish with local conservation groups and communities around the globe. We collaborate with partner groups in the development of our standards and train them to perform certification assessments. In an effort to change land use practices in biodiversity rich areas, we partner with international conservation organizations and undertake strategic alliances with companies to ensure that their practices are environmentally, socially and economically sustainable.

Worldwide, we work closely with industry leaders, journalists, conservation colleagues and government officials, and we reach tens of thousands of concerned consumers, children, parents and teachers through our publications, special events and Web site ([www.rainforest-alliance.org](http://www.rainforest-alliance.org)). Our virtual reference library, the **Eco-Index** ([www.eco-index.org](http://www.eco-index.org)), helps conservationists and scientists North and South share information and insights. To ensure the success of conservation initiatives around the world, we train journalists overseas on sustainable development reporting. We have also developed an online, multilingual curriculum for elementary school students in order to educate the leaders of tomorrow about global conservation.

	<u>Grants</u>	<u>Expenses</u>
Form 990, Part III, line a	<u>\$ 340,949</u>	<u>\$ 13,795,240</u>

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

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only ☐

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

Type or print	Name of Exempt Organization	<b>COPY</b>	Employer identification number
	<b>RAINFOREST ALLIANCE</b>		<b>13-3377893</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		

**665 BROADWAY, NO. 500**  
**NEW YORK, NY 10012-2420**

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **C/O THE ALLIANCE**

Telephone No. ► **212-677-1900**

FAX No. ► **212-677-2187**

- 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 EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year \_\_\_\_\_ or
- ☒ tax year beginning **JUL 1, 2005**, and ending **JUN 30, 2006**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... \$ \_\_\_\_\_

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ **N/A**

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box ☒

**Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print.  File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	RAINFOREST ALLIANCE	13-3377893
	Number, street, and room or suite no. If a P.O. box, see instructions 665 BROADWAY, NO. 500	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10012-2420	

Check type of return to be filed (File a separate application for each return)

☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **C/O THE ALLIANCE**

Telephone No **212-677-1900**

FAX No **212-677-2187**

• 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 EINs of all members the extension is for

4 I request an additional 3-month extension of time until **MAY 15, 2007**

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

\$

b If this application is for Form 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 and any amount paid previously with Form 8868

\$

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

\$

N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature

Title

Date

**Notice to Applicant - To Be Completed by the IRS**

- ☐ We have approved this application. Please attach this form to the organization's return  
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return  
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.  
☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested  
☐ Other \_\_\_\_\_

By

Director

Date

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print  523832 05-01-05	Name
	O'CONNOR DAVIES MUNNS & DOBBINS, ATTN: G. COLOMBO, CPA
	Number and street (include suite, room, or apt. no.) or a P.O. box number 60 EAST 42ND STREET
	City or town, province or state, and country (including postal or ZIP code) NEW YORK, NY 10165