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PLEASE FILE IN A SAFE PLACE

ARMANINO LLP

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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Open to Public

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

Inspection

OMB No. 1545-0047

A F	or the	2012 calendar year, or tax year beginning JUL 1, 2012 and endir	ng J	UN 30, 2013	
B	Check if applicable	C Name of organization		D Employer identific	cation number
X	Addres	RAINFOREST ACTION NETWORK			
	Name change			94-3	045180
	Initial return		n/suite	E Telephone number	r
	Termin-)	415-	398-4404
	Amend			G Gross receipts \$	4,811,511.
	Application	SAN FRANCISCO, CA 94100		H(a) Is this a group re	
	pendin	F Name and address of principal officer: ANDRE CAROTHERS		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No
17	Гах-ехе	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	· ·	list. (see instructions)
		e: ► WWW.RAN.ORG		H(c) Group exemption	
			L Year o	of formation: 1987 N	1 State of legal domicile: CA
Pa		Summary			
é		Briefly describe the organization's mission or most significant activities: CAMPAIG			ESTS, THEIR
and		INHABITANTS, AND THE NATURAL SYSTEMS THAT S			
Activities & Governance	1	Check this box if the organization discontinued its operations or disposed o		1 1	ssets.
ĝ		Number of voting members of the governing body (Part VI, line 1a)		į l	11
જ	1	Number of independent voting members of the governing body (Part VI, line 1b)			43
ties	1	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			2
ξį	1	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ą	į.	Net unrelated business taxable income from Form 990-T, line 34			0.
	<u> </u>	vet unrelated business taxable meetine north entities of films of films		Prior Year	Current Year
41	8 (Contributions and grants (Part VIII, line 1h)		3,577,686.	4,138,635.
nue	1	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,526.	-129.
ď	i	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	125,360.	222,442.
	i e	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	3,705,572.	4,360,948.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	- 1	77,500.	81,050.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ø	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,259,645.	2,240,882.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	bΤ	otal fundraising expenses (Part IX, column (D), line 25) 584,889.	<u>.</u>		
Ш	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,438,255.	1,762,016.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,775,400.	4,083,948.
. 0		Revenue less expenses. Subtract line 18 from line 12		-69,828.	277,000.
Net Assets or Fund Balances			Beg	ginning of Current Year	End of Year
Ssel	20 T	otal assets (Part X, line 16)		1,685,050.	1,935,863. 211,590.
let A	21 T	otal liabilities (Part X, line 26) Jet assets or fund balances. Subtract line 21 from line 20	··	237,777. 1,447,273.	$\frac{211,390.}{1,724,273.}$
	22 N	Signature Block	··	1,441,410•	1,144,415.
		ies of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the best of m	v knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based an all information of which pi			,, ,
,	0011001,	and of property (onto an animotor) to according to		Valula	
Sigr	,	Signature of officer		Date	
Here	1	SCOTT B. PRICE, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		ate Check Check	PTIN
Paid	1	LYNN HENLEY Lynd bluly	1 7	it self-employ	
Prep	arer	Firm's name ARMANINO LLP		Firm's EIN ▶	94-6214841
Use		Firm's address 🕨 12657 ALCOSTA BOULEVARD, SUITE 500)		
		SAN RAMON, CA 94583-4600		Phone no. 9	25-790-2600
May	the IRS	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2012) RAINFOREST ACTION NETWORK
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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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? If "Yes," complete Schedule C, Part II	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	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	/		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		Х
_	Schedule D, Part III	-		
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?	9		х
40	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	,0		
11	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
S	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		77	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		Х
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	''		- 22
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	- 47	
19	complete Schedule G, Part III	19		х
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_ -
D	ii 165 to line 204, did the organization attach a copy of its addited infahota statements to this form.		000	

Form 990 (2012) RAINFOREST ACTION NETWORK

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	***		
ZOU	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
IJ	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
00	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30		30		Х
0.4	contributions? If "Yes," complete Schedule M			
31		31		Х
00	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32	Schedule N, Part II	32		Х
00	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 52		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
0.4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 00		
34		34		х
	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	OGG		<u> </u>
b		35b		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
36		36		Х
	If "Yes," complete Schedule R, Part V, line 2	30		21
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		х
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Х	
	Note. All Form 990 filers are required to complete Schedule O	_ 55	000	

Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V				
	Official Scriedule O contains a response to any question in this hart v			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	57			
b	The state of the s	0			
C	Distribution of the second of				
-	(gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return2a	43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	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)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	and the second s		5a		X
b	The state of the s		5b		X
	16 No. 11 L. P. 5 S. 51 Middle and a circles file France 2000 TO		5c	<u> </u>	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sol				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		;	1	
а	Dilly it is a second and convicted to the contribution and contribution and convicted and convicted provided to the	e payor?	7a	X	
b	remark in the transfer of the second control		7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		ı		
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		l		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f			7f		X
			7g	ļ	
h		Э98-С?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the	year?	8	<u> </u>	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				
	Did the organization make any taxable distributions under section 4966?		9a	<u> </u>	ļ
b			9b	<u> </u>	-
10	Section 501(c)(7) organizations. Enter:				
	·				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				1
1	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders				
b					
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	-	-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		40		-
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	 	
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
	Enter the amount of reserves on hand		14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?		14a 14b		 ^
g	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		1717		ــــــــــــــــــــــــــــــــــــــ

Form 990 (2012) RAINFOREST ACTION NETWORK 94-3045180 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

L	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion 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	1		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b1	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		ļ	
	officer, director, trustee, or key employee?	. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
6	Did the organization have members or stockholders?	. 6		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?	. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	. 8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	. 8b	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 in Schedule O	. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	. 10a		X
b	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?	. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	X	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	. 12c	X	ļ
13	Did the organization have a written whistleblower policy?	1	X	
14	Did the organization have a written document retention and destruction policy?	. 14	X	<u> </u>
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?			
а	The organization's CEO, Executive Director, or top management official	. 15a	X	ļ
b	Other officers or key employees of the organization	. 15b	X	<u> </u>
	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?	. 16a	1	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	. 16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, AL, AK, AZ, AR, CO, CT, FL, G	<u>A,II</u>	,KS	, KY
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	/) availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website Upon request X Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,	and finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organic	zation: 🕽	-	
	NOEL NATIVIDAD, COO - 415-398-4404			
	ASE DUGU CORREDO NO 200 CAN EDANCICO CA 9/108			

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

Check if Schedule O contains a response to any question 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 (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			- 16	<u> </u>			(D)	(E)	(F)
Name and Title	Average	(do		Pos		1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation from	compensation from related	amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANDRE CAROTHERS	4.00		Ī							
BOARD CHAIR		X		X			<u> </u>	0.	0.	0.
(2) JAMES D. GOLLIN	4.00								_	
PRESIDENT		X		X				0.	0.	0.
(3) RANDALL HAYES	4.00			l					_	•
SECRETARY		X		X				0.	0.	0.
(4) SCOTT B. PRICE	4.00	 							0.	_
TREASURER	4 00	X	ļ	X		-		0.	U.	0.
(5) ANNA HAWKEN MCKAY	4.00	7.7		v				0.	0.	0.
DEVEL CO-CHAIR	4.00	X		X	-			U •	U •	
(6) JODIE EVANS	4.00	x		Х				0.	0.	0.
DEVEL CO-CHAIR	4.00	Λ	<u> </u>	1		╁				<u> </u>
(7) STEPHEN STEVICK GOVERNANCE	4.00	x		Х				0.	0.	0.
(8) ALLAN BADINER	2.00									
DIRECTOR		X						0.	0.	0.
(9) ANNA LAPPE	2.00									
DIRECTOR		X						0.	0.	0.
(10) CATHERINE CAUFIELD	2.00									
DIRECTOR		X						0.	0.	0.
(11) PAMELA LIPPE	2.00								_	_
DIRECTOR		X	ļ			<u> </u>	<u> </u>	0.	0.	0.
(12) REBECCA TARBOTTON(THRU 12/26/12	40.00							101 007		10 017
EXECUTIVE DIRECTOR	40.00	-		Х		<u> </u>		121,267.	0.	10,017.
(13) EOS DE FEMINIS	40.00	-		3,7				77 506	0.	6,604.
FINANCE OFFICER	40.00	 	-	X			-	77,596.	0.	0,004.
(14) LINDSEY ALLEN	40.00	1		х				74,196.	0.	6,479.
EXECUTIVE DIRECTOR	40.00	 	-	A	 	\vdash		7 = 7 = 7 = 0 •		0,2,5.
(15) NOEL NATIVIDAD (START 2/26/13)	40.00	1		Х				0.	0.	0.
<u>COO</u>			 			1				
		1								
			<u></u>				<u> </u>			- 000 (00 (0)

<u> </u>	t VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per	(do	not c	(C Pos heck	C) ition		one	(D) Reportable compensation	(E) Reportable compensatio	'n		(F) timate	
		week (list any hours for related organizations below line)	tee or director	cer ar			Highest compensated control si	tee)	from the organization (W-2/1099-MISC)	from related organization: (W-2/1099-MIS	s	comp fro orga and	other pensation the anizati d relate	tion e on ed

	MANAGE AND					_								
			<u> </u>		_									
1b	Sub-total	.,						I	273,059.		0.	2	3,1	
	Total from continuation sheets to Part V								273,059.		0.	2	3,1	<u>0.</u>
d	Total (add lines 1b and 1c) Total number of individuals (including but r	not limited to the	nose	liste	ed a	bov	e) wi	no re					<u>, , 1</u>	00.
	compensation from the organization												Yes	1
3	Did the organization list any former officer	director or tri	iste	e ke	ia ve	mple	ovee	or	highest compensated e	mplovee on			res	No
3	line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4	For any individual listed on line 1a, is the si									the organization		4		х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for services	······			
	rendered to the organization? If "Yes," con	nplete Schedul	e J	for s	uch	per	son					5		X
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mnensated in	den	ende	ent c	cont	racto	ors t	hat received more than	\$100,000 of cor	npens	ation f	rom	· · · · · · · · · · · · · · · · · · ·
	the organization. Report compensation for													
	(A) Name and business	address	N	ONI	E				(B) Description of s	services	C	ompe)) nsatio	n
	And the second s						***							
2	Total number of independent contractors (\$100,000 of compensation from the organ		ot li	mite	d to		se li O	stec	d above) who received r	nore than				

94-3045180 Page 9 RAINFOREST ACTION NETWORK Form 990 (2012) Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under sections 512, 513, or 514 (C) Unrelated Related or Total revenue exempt function business revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 1c Fundraising events Contributions, Gift and Other Similar 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 4, 138, 635. 74,701. g Noncash contributions included in lines 1a-1f: \$_ 4,138,635 h Total. Add lines 1a-1f Business Code Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 347. 347. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 40,005. 6 a Gross rents 73,674. b Less: rental expenses -33,669. c Rental income or (loss) -33,669. -33,669. d Net rental income or (loss) ... (ii) Other 7 a Gross amount from sales of (i) Securities 119,719. assets other than inventory b Less: cost or other basis 120,195 and sales expenses -476. c Gain or (loss) -476. -476.d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 a 512,805. b Less: direct expenses b = 256,694. 256,111. 256,111. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a h

4,360,948.

0.

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

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). X Check if Schedule O contains a response to any question in this Part IX (**D)** Fundraising (B) Program service (A) Total expenses Do not include amounts reported on lines 6b. Management and general expenses 7b. 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 56,550 56,550 organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the 24,500. 24,500. United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 225,021. 196,595. 28,426. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 314,787.67,782. Other salaries and wages 1,621,844. 1,239,275 7 Pension plan accruals and contributions (include 1,327. 4,140. 18,884. 24,351. section 401(k) and 403(b) employer contributions) 11,331. 35,343. 161,214. 207,888. Other employee benefits 9 8,817. 27,504. 161,778. 125,457. 10 Payroll taxes Fees for services (non-employees): 11 Management 33,795. 36,045. 2,250. Legal _____ Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 42,663. 31,226. 472,244. 546,133. column (A) amount, list line 11g expenses on Sch O.) 61,524. 10. 61,534. Advertising and promotion 12 3,302. 1,430. 13,706. 8,974. 13 Office expenses 1,099. 4,713. 42,365. 48,177. Information technology 14 Royalties 15 7,572. 268,500 276,072. 16 Occupancy 146. 4,056. 201,018. 196,816. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 3,492. 114,797. 104,387. 6,918. Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates 17,691. 986. 3,885. 22,562. Depreciation, depletion, and amortization 22 1,219. 6.642. 5,552. 13,413. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 291. 92,521. 154,753. 61,941. POSTAGE AND SHIPPING 1,594. 14,388. 53,500. PRINTING AND PUBLICATIO 69,482. 44,213. 523. 60,700. 15,964. c MISCELLANEOUS 16,957. 44,188. 27,231. d LIST RENTAL 13,267. 22,480. 63,689. 99,436. e All other expenses 584,889. 3,225,103. 273,956. 4,083,948. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 50,260. 132,626 82,366 0. Check here X if following SOP 98-2 (ASC 958-720)

Total net assets or fund balances

Total liabilities and net assets/fund balances

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of year 899,570. 1,136,151. 1 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 433,434. 889,176. 3 Pledges and grants receivable, net 3 9,496. 5,704. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 50,396. 43,396. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 163,889. basis. Complete Part VI of Schedule D _____ 10a 38,060. 39,355. 10c Less: accumulated depreciation 10b 124,534. 11 Investments - publicly traded securities _____ 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 28,305. 47,870. 15 15 Other assets. See Part IV, line 11 1,935,863. 1,685,050. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 21,098. 16,998. 17 Accounts payable and accrued expenses ______ 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 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 190,492. 220,779. 25 Schedule D 211,590. 237,777. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ \(\textstyle \te complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 818,103. 662,500. Unrestricted net assets 1,061,773. 629,170. 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32

> 1,935,863. Form 990 (2012)

1,724,273.

1,447,273.

1,685,050.

33

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Form **990** (2012)

X

2c | X

За

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RAINFOREST ACTION NETWORK

Employer identification number

94-3045180 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Non-functionally integrated c ____ Type III - Functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Did you notify the (vi) Is the (vii) Amount of monetary (i) Name of supported (ii) EIN organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 support (i) organized in the U.S.? organization governing document? (i) of your support? above or IRC section (see instructions)) Yes

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 RAINFOREST ACTION NETWORK 94-3045. 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	-					
	membership fees received. (Do not						
	include any "unusual grants.")	3696367.	4100774.	3661654.	3577686.	4134435.	19170916.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	And the second s					
	the organization without charge						
4	Total. Add lines 1 through 3	3696367.	4100774.	3661654.	3577686.	4134435.	19170916.
5							
	by each person (other than a	-					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	A CONTRACTOR OF THE CONTRACTOR	ALL CONTRACTOR OF THE CONTRACT				
	amount shown on line 11,						
	column (f)	Automateur					945,706.
6	Public support. Subtract line 5 from line 4.						18225210.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	3696367.	4100774.	3661654.	3577686.	4134435.	19170916.
	Gross income from interest,						
Ŭ	dividends, payments received on	The state of the s					
	securities loans, rents, royalties						
	and income from similar sources	15,331.	177.	970.	2,526.	-29,120.	-10,116.
9	Net income from unrelated business						
Ŭ	activities, whether or not the	***************************************					
	business is regularly carried on	and the same of th			836.		836.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	37,215.	84,211.	79,029.	2,142.		202,597.
11	Total support. Add lines 7 through 10						19364233.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third			n 501(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publ						
14	Public support percentage for 2012 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	94.12 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	99.84 %
16a	33 1/3% support test - 2012. If the c	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this b	oox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
~	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						

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

(Complete only if you checked the box on line 9 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.)

Sec	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 per-						
	formed, 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 bus-						
	iness under section 513						
А	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
_	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 a	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						
	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				1		1
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	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						
	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						
42	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	the examination'	a first second this	d fourth or fifth t	av vear as a secti	on 501(c)(3) organi	zation
14							- 1 1
500	check this box and stop here ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (l			column (fl)		15	%
							——————————————————————————————————————
	Public support percentage from 2011 ction D. Computation of Investigation					10	
***************************************				20 12 column (fl)		17	%
	Investment income percentage for 20					1 1	
	Investment income percentage from						
19a	33 1/3% support tests - 2012. If the	organization did r	not check the box	on line 14, and line	e io is more than	oo 1/070, and line	17 IS HOL
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	mes as a publicly	supported organi	Zation	>
b	33 1/3% support tests - 2011. If the	organization did r	not check a box or	i line 14 or line 19	a, and line 16 is m	iore than 33 1/3%,	anu 🛌 🦳
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	structions	>

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.			
	me of organization			Emplo	oyer identification number
	RAINFOF	REST ACTION NETWO	ORK		94-3045180
Pa	art I-A Complete if the or	ganization is exempt un	der section 501(c)	or is a section 527 or	rganization.
2 3	Provide a description of the organi Political expenditures Volunteer hours			▶ \$	0.
Pa	art I-B Complete if the or	ganization is exempt un	der section 501(c)) (3).	
1	Enter the amount of any excise tax	incurred by the organization ur	nder section 4955	> \$	
2	Enter the amount of any excise tax	incurred by organization mana	gers under section 495	5 > \$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	O for this year?		Yes No
	a Was a correction made?				Yes No
t	b If "Yes," describe in Part IV.			average postion 501/	a)(3)
	art I-C Complete if the or				
1	Enter the amount directly expende	d by the filing organization for s	ection 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing organ	nization's funds contributed to c	other organizations for s	section 527	
	exempt function activities				
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here	and on Form 1120-PO	-, • •	
	line 17b			Þ	Yes No
		1120-POL for this year?	716 N - F - H + 1 F O 7 -	- Utical arganizations to which	
5	Enter the names, addresses and e made payments. For each organiza	mployer identification number (i	:IN) of all section 527 p	onlical organizations to write	n the filling organization
	contributions received that were p	romptly and directly delivered to	a separate political or	ranization, such as a separa	te segregated fund or a
	political action committee (PAC). If	additional space is needed, pro	ovide information in Par	t IV.	
		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(6) LIIV	filing organization's	contributions received and
			ver	funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0

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

Schedule C (Form 990 or 990 EZ) 2012 Part II-A Complete if the org	RAINF	OREST	ACTION NETV	VORK	94-3 od Form 5768	3045180 Page 2
(election under sec			inpi under section		50 1 OIIII 0700	
			liated group (and list i	n Part IV each affiliated	group member's nar	me. address. EIN.
expenses, and sha				irratty odori armatos	group moment a man	,,,
			nd "limited control" pr	ovisions apply		
Limi	its on Lobi	ying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expen	artures" III	eans amou	ınts paid or incurred	•1	totals	
1a Total lobbying expenditures to infl	uence pub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to infl	uence a le	gislative boo	dy (direct lobbying) .			
c Total lobbying expenditures (add l	ines 1a and	d 1b)			·····	
d Other exempt purpose expenditur	es					
e Total exempt purpose expenditure	es (add line	s 1c and 1d	(t			
f Lobbying nontaxable amount. Ent	er the amo	unt from th	e following table in bo	th columns.		
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable an	nount is:		
Not over \$500,000		20% of	the amount on line 1e)		
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000			cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (er	nter 25% o	f line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, e	nter -0-				
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than ze	ero on eithe	r line 1h or	line 1i, did the organiz	zation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
			eraging Period Under			
(Somé organiz	zations tha	t made a s	ection 501(h) election	on do not have to comp	lete all of the five	
CC				es 2a through 2f on pa	ge 4.)	
	Lobb	ying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
(10070 of mile Ed, detailing)						
c Total lobbying expenditures		111				
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 RAINFOREST ACTION NETWORK 94-3045180 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b))
of the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?	X			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?	X	7.7		0.
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?				0.
j Total. Add lines 1c through 1i		Х		- 0 •
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	on 501(c)	(5). or se	ction	
501(c)(6).	• ••. (•,	(-),		
00 1(0)(e).			Yes	No
We have the second of the seco		1		
Were substantially all (90% or more) dues received hondeductible by members?		1 1 1	1	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 	on 501(c)	(5), or se	ction	
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RAINFOREST ACTION NETWORK

Employer identification number 94-3045180

Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the
L	organization answered "Yes" to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wa	riting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	
,			
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	,	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space	Comment to the street in the street	of a conceniation accoment on the last
2	Complete lines 2a through 2d if the organization held a qualified	ed 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
	Total control on a first control of the control of		
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure.	cture included in (a)	
4	Number of conservation easements included in (c) acquired af		
u	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
•	year▶		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it I		l lac.
6	Staff and volunteer hours devoted to monitoring, inspecting, a	nd enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and er		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the organization's accounting for
_	conservation easements.	Art Historical Transuras or (Other Similar Assets
Ра	rt III Organizations Maintaining Collections of		Assets.
	Complete if the organization answered "Yes" to Form 9		ment and balance sheet works of art
1a	If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit		
			ance of public service, provide, in Fact XIII,
	the text of the footnote to its financial statements that describe If the organization elected, as permitted under SFAS 116 (ASC		ot and balance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, edu		
	relating to these items:	acation, or research in farther and or pr	abile convice, provide the renewing and and
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treas		
-	the following amounts required to be reported under SFAS 110		•
а	Revenues included in Form 990, Part VIII, line 1		> \$
h			> \$

Pai	t III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	is, check any of	the following that	are a sig	nificant use of	f its collecti	on ite	ms
	(check all that apply):								
а	Public exhibition	d	Loan or	exchange prograr	ms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they furth	er the organizatio	n's exem	pt purpose in	Part XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, historical t	reasures, or othe	r similar a	assets		_	
	to be sold to raise funds rather than to be m	aintained as part of t	the organization'	s collection?			Yes		<u>No</u>
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organiz	ation answered "\	Yes" to F	orm 990, Part	IV, line 9, o	r	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribu	tions or other ass	ets not ir	ncluded	,	·	
	on Form 990, Part X?						Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Amou	int	
С	Beginning balance					1c			
ď	Additions during the year								
e	Distributions during the year								
f	Ending balance					1 1			
	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.							[
Par									
		(a) Current year	(b) Prior year			d) Three years t	ack (e) Fo	our yea	rs back
10	Beginning of year balance	(a) carront you.	(5)	(9)					
b	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
_	and programs								
f	Administrative expenses	****							
g	End of year balance			())]]]					
2	Provide the estimated percentage of the cur			n (a)) neid as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment >								
С	Temporarily restricted endowment >								
	The percentages in lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posse	ession of the organization	ation that are he	d and administer	ed for the	e organization	1		
	by:							Ye	s No
	(i) unrelated organizations								
	(ii) related organizations								
b	If "Yes" to 3a(ii), are the related organizations						3b		
4_	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm						1		
	Description of property	(a) Cost or o basis (investr		ost or other sis (other)		cumulated reciation	(d) Bo	ok va	alue
1a	Land								
	Buildings	F							
	Leasehold improvements			109,113.		84,850.			263.
	Equipment			54,776.		39,684.		<u>15,</u>	092.
	Other	į.							
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), lin	ne 10(c).))		<u>39,</u>	355.

Part VII Investments - Other Securities. See	Form 990, Part X, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		10	
Part VIII Investments - Program Related. Se	e Form 990, Part X, lin (b) Book value	e 13.	ost or end-of-year market value
(a) Description of investment type	(b) Book value	(c) Method of Valuation. C	ost of end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 1	15		
	Description		(b) Book value
(1)			
(1)			
(3)			
(4)			
(5)		·	
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities. See Form 990, Part X, li	ne 25.		
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) ACCRUED PAYROLL LIABILITIE	ES	161,810.	
(3) OTHER ACCRUED LIABILITIES		28,682.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		190,492.	
EIN 48 (ASC 740) Footpote In Part XIII, provide the text	of the footpote to the	organization's financial statemen	its that reports the organization's

FIN 48 (ASC 740) Footnote. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2012 RAINFOREST ACTION NETWORK				3045180 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemer	nts Witl	n Revenue per R	eturn	I
1				1	4,509,323.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	148,375.		
e	Add lines 2a through 2d			2e	148,375.
3	Subtract line 2e from line 1			3	4,360,948.
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			
h	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,360,948.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expenses per	Retu	rn
1	Total expenses and losses per audited financial statements			1	4,232,323.
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			
	Other (Describe in Part XIII.)	2d	148,375.		
e	Add lines 2a through 2d			2e	148,375.
3	Subtract line 2e from line 1			3	4,083,948.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,083,948.
	t XIII Supplemental Information				
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	, lines 1a	and 4; Part IV, lines 1	b and 2	2b; Part V, line 4; Part
	2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				
PAF	T X, LINE 2: RAN ASSESSES TAX POSITIONS TA	KEN	OR EXPECTED	TO	BE
					Head .
TAI	EN AGAINST MORE-LIKELY-THAN-NOT RECOGNITIO	N TH	RESHOLD AND	ME.	ASUREMENT
		NAT	מא מדיים או	7.3.7	AT VCTC
<u>AT'.</u>	RIBUTES FOR FINANCIAL STATEMENT RECOGNITION)IN •	BASED ON AN	AIV.	иптото
DRI	PARED BY RAN, IT WAS DETERMINED THAT RAN E	BELIE	VES THAT IT	НА	S
T 1/1	HILLD DI MANI LI MAN DEL MANIATE LA MANIA MANIA				
API	ROPRIATE SUPPORT FOR ANY TAX POSITIONS TAK	KEN,	AND AS SUCH	, D	OES NOT
זאנו	E ANY UNCERTAIN TAX POSITIONS THAT ARE MAT	T S T A	т, то тне ет	NAN	CIAL
TIM/	E WIT ONCENTATIO INVESTMENT WITH THE				

Schedule D (Form 990) 2012

STATEMENTS.

Schedule D (Form 990) 2012 RAINFOREST ACTION NETWORK Part XIII Supplemental Information (continued)	94-3045180 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES ALLOCATED TO 990-T	73,674.
NONCASH CONTRIBUTIONS INCLUDED WITH EXPENSE	74,701.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	148,375.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES ALLOCATED TO 990-T	73,674.
NONCASH CONTRIBUTIONS INCLUDED WITH EXPENSE	74,701.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	148,375.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

Open to Public

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection

RAINFOREST ACTI	ON NETWO	RK			94-30451	80
Part I General Info	rmation on A	Activities Ou	tside the United States. Compl	lete if the organiz	ation answered	"Yes"
to Form 990, Par						
1 For grantmakers. Does the grantees' eligibility f	s the organization for the grants or a	n maintain recor assistance, and	ds to substantiate the amount of its gr the selection criteria used to award th	rants and other a e grants or assis	ssistance, tance? X	Yes No
United States.			procedures for monitoring the use of it		ner assistance ou	utside the
	T	1	an be duplicated if additional space is			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prog	ity listed in (d) ram service, specific type e(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND						
THE CARIBBEAN	4	4	PROGRAM SERVICES	ENVIRONMENTA	ALISM	21,000.
MIDDLE EAST AND	THE STATE OF THE ST					
NORTH AFRICA	1	1	PROGRAM SERVICES	ENVIRONMENTA	ALISM	1,500.
EAST ASIA AND THE						
PACIFIC	1	1	PROGRAM SERVICES	ENVIRONMENT?	<u>ALISM</u>	2,000.
3 a Sub-total	6	6				24,500.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a	-	-				24 500

94-3045180

Page 2

RAINFOREST ACTION NETWORK

Schedule F (Form 990) 2012

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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.

n (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)
2 Enter total number of the IRS, or for which 3 Enter total number of	Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro Enter total number of other organizations or entities	ns listed above that are el has provided a sectio or entities	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 Enter total number of other organizations or entities	e foreign country,	recognized as tax-e:	xempt by	ACCOUNTS OF THE PROPERTY OF TH	
							Sched	Schedule F (Form 990) 2012

RAINFOREST ACTION NETWORK

Schedule F (Form 990) 2012

Part III can be duplicated if additional space is needed.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Page 3

94-3045180

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of cal Amount of cash grant (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to 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.

10) (Continuated Harrison of Posipionics), as approximated the first terms of the first t
SCHEDULE F, PART I, LINE 2: GRANTEES ARE COMMUNICATED WITH BY THE SMALL
GRANTS MANAGER TO PROVIDE UPDATES AND ACTIVITIES AND SUBMIT A FINAL
REPORT ON THE GRANT ACTIVITIES WITHIN 1 YEAR OF RECEIVING THE GRANT. RAN
CAMPAIGN STAFF AND INTERMEDIARY ORGANIZATIONS HAVE CLOSE RELATIONSHIPS
WITH THE GRANTEES AND IN MOST CASES ARE ABLE TO PERFORM FIELD VISITS TO
MONITOR GRANT ACTIVITIES.
MONITOR GRANT ACTIVITIES:
SCHEDULE F, PART I, LINE 3: GRANTEES ARE COMMUNICATED WITH BY THE SMALL
GRANTS MANAGER TO PROVIDE UPDATES AND ACTIVITIES AND SUBMIT A FINAL
REPORT ON THE GRANT ACTIVITIES WITHIN 1 YEAR OF RECEIVING THE GRANT. RAN
CAMPAIGN STAFF AND INTERMEDIARY ORGANIZATIONS HAVE CLOSE RELATIONSHIPS
WITH THE GRANTEES AND IN MOST CASES ARE ABLE TO PERFORM FIELD VISITS TO
MONITOR GRANT ACTIVITIES.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number 94-3045180 RAINFOREST ACTION NETWORK Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Mail solicitations а Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or _ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

94-3045180 Page 2 Schedule G (Form 990 or 990-EZ) 2012 RAINFOREST ACTION NETWORK Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events NONE ANNUAL (add col. (a) through DINNER "REVE col. (c)) (total number) (event type) (event type) 512,805. 512,805. 1 Gross receipts 0. 2 Less: Contributions 512,805. 512,805. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages Entertainment _____ 256,694. 256,694. Other direct expenses 256,694 10 Direct expense summary. Add lines 4 through 9 in column (d) 256,111. Net income summary. Combine line 3, column (d), and line 10. Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes No 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2012 RAINFOREST ACTION NETWORK 94-	<u>-3045</u>	180) <u>P</u>	<u>age 3</u>
	Does the organization operate gaming activities with nonmembers?	🔲	Yes		No
	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 operated in:				
	a The organization's facility	13a			%
	o An outside facility				%
1/	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
14	Litter the fiame and address of the person who propared the organization organization of gamming operation and the person who propared the organization of gamming operation and the person who propared the organization of gamming operation and the person who propared the organization of gamming operation and the person who propared the organization of gamming operation and the person who propared the organization of gamming operation and the organization of gamming operation and the person of the perso				
	Name >				
	Address >				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes		☐ No
Ł	o 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	w	***************************************		
	Address >				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Carming manager compensation • • • • • • • • • • • • • • • • • • •				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	le the organization required under state law to make charitable distributions from the gaming proceeds to			_	_
Ī	retain the state gaming license?	L	Yes	L	_ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Э			
	organization's own exempt activities during the tax year > \$				
Pa	art IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(iii) and	(v), an	d Pa	rt III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informa	tion (see	instru	ctio	าร).
····					

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Schedule I (Form 990) (2012) No X Employer identification number 94-3045180 (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of ćash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. RAINFOREST ACTION NETWORK Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization PartII Part

RAINFOREST ACTION NETWORK Schedule I (Form 990) (2012)

Page 2

94-3045180

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

(a) lype of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information	required in Part I,	line 2, Part III, columi	ו (b), and any other additional inf	ormation.
232102 12-18-12					Schedule I (Form 990) (2012)

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

990, Part IV, lines 29 or 30.

Attach to Form 990.

RAINFOREST ACTION NETWORK

Employer identification number 94-3045180

Types of Property Part I (d) (c) (a) (b) Noncash contribution Method of determining Number of Check if contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 2 3 Art - Fractional interests Books and publications 4 X 11,900. FMV 5 Clothing and household goods 6 Cars and other vehicles Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 32,902. FMV 19 X 25 Other > (HOSPITALITY 23 19,988. FMV X Other > (FUNDRAISING 26 7,126. FMV 12 (FOOD/DRINK Х 27 2,785. FMV 8 (GIFT CERTIFIC) Х 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X 30a the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х 32a contributions? b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) (2012)

Schedule M	(Form 990) (2012) RAINFOREST ACTION NETWORK	<u>94-3045180</u>	Page 2
Part II	Supplemental Information. Complete this part to provide the information required by Pa the organization is reporting in Part I, column (b), the number of contributions, the number of item Also complete this part for any additional information.	rt I, lines 30b, 32b, and 33, an ns received, or a combination	d whether of both.
	/		
		Allahan	
			"
		AMARIAN TO THE PARTY OF THE PAR	
		and the same of th	

94-3045180

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RAINTOREST ACTION NETWORK

Employer identification number 94 - 3045180

RAINFOREDI ACTION NEIWORK 52 00 20 20 20 20 20 20 20 20 20 20 20 20
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THAT SUSTAIN LIFE BY TRANSFORMING THE GLOBAL MARKETPLACE THROUGH
EDUCATION, GRASSROOTS ORGANIZING AND NON-VIOLENT DIRECT ACTION. SINCE
IT WAS FOUNDED, RAN HAS PLAYED A KEY ROLE IN STRENGTHENING THE
WORLDWIDE RAINFOREST CONSERVATION MOVEMENT THROUGH SUPPORTING ACTIVISTS
IN RAINFOREST COUNTRIES AS WELL AS ORGANIZING AND MOBILIZING CONSUMERS
AND COMMUNITY ACTION GROUPS THROUGHOUT THE UNITED STATES.
MAD COMMONITY MOTION GROOTS AMERICAN STREET
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
OUR RAINFOREST AGRIBUSINESS CAMPAIGN CREATES THE MARKET LEVERAGE
NECESSARY TO IMPROVE CORPORATE BEHAVIOR AND MAKE CHANGE HAPPEN ON THE
GROUND.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
INDONESIA, AND AROUND THE WORLD, OUR CAMPAIGN IS CREATING THE MARKET
LEVERAGE NECESSARY TO IMPROVE CORPORATE PRACTICES AND TRANSFORM GLOBAL
SUPPLY CHAINS.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
CONTRIBUTORS TO CLIMATE CHANGE, WHILE ENGAGING, SUPPORTING AND
STRENGTHENING THE MOVEMENT OF GRASSROOTS ACTIVISTS TAKING ACTION FOR
DIVENGIUENING THE MOAFWENT OF GVVDDVOOLD WOLLAND TWING WOLLOW LOW
THE CLIMATE.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PREPARED BY AN OUTSIDE THE FORM IS THEN REVIEWED BY THE ORGANIZATION'S TAX PROFESSIONAL.

MANAGEMENT, A MEMBER OF THE BOARD OF DIRECTORS, AND THE EXECUTIVE DIRECTOR.

RAINFOREST ACTION NETWORK

THIS GROUP OF INDIVIDUALS THEN DISCUSSES THE CONTENTS OF THE RETURN WITH AN OUTSIDE TAX PROFESSIONAL. AFTER A FULL REVIEW (WITH MODIFICATIONS WHERE NECESSARY), THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY. A REPRESENTATIVE OF MANAGEMENT SIGNS AND MAILS THE RETURN TO THE DEPARTMENT OF THE TREASURY.

FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS OF THE BOARD OF DIRECTORS

REVIEW ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. ALL

PERSONNEL AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL

CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE

ORGANIZATION AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY

PROHIBITED. THE ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS.

ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND

RESOLVED IN ACCORDANCE WITH THE ORGANIZATION'S POLICY AND PROCEDURES.

FORM 990, PART VI, SECTION B, LINE 15: MEMBERS OF THE BOARD OF DIRECTORS

REVIEW THE COMPENSATION OF THE EXECUTIVE DIRECTOR ANNUALLY IN ACCORDANCE

WITH IRS RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE COMPENSATION

DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND

APPROPRIATENESS OF SALARIES. EVERY EFFORT IS MADE TO ENSURE THAT THE

PROCESS IS THOROUGH AND TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND

THE ORGANIZATION'S POLICIES AND PROCEDURES.

COMPENSATION OF OTHER HIGH-LEVEL PERSONNEL AND KEY EMPLOYEES IS REVIEWED AT

LEAST ANNUALLY BY MEMBERS OF MANAGEMENT. EFFORTS ARE MADE TO SECURE

COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE

COMPETITIVENESS AND APPROPRIATENESS OF SALARIES AND ALL RELATED BENEFITS.

ALL DECISIONS ARE THEN DOCUMENTED IN PERSONNEL FILES.

2012 DEPRECIATION AND AMORTIZATION REPORT

	t Current Year Ending Deduction Accumulated Depreciation		19,804. 84,851.	19,804. 84,851.		2,758. 39,684.	2,758. 39,684.	22,562. 124,535.								
066	Beginning Current Accumulated Sec 179 Depreciation Expense		65,047.	65,047.		36,926.	36,926.	101,973.			******					
	Basis For Depreciation		109,113.	109,113.		54,776.	54,776.	163,889.		 		 				
	9 Reduction In Basis		our M									 	spunne			
	Bus Section 179 % Expense Excl								***************************************						ANNO ANNO ANNO ANNO ANNO ANNO ANNO ANNO	
	Unadjusted B Cost Or Basis 9		109,113.	109,113.		54,776.	54,776.	163,889.		 *******	ana a	 		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Line No.		16			16				 		 				
	Life		5.00			40.00						 				
	Method	8	$_{ m SI}$			SL				 						
	Date Acquired		VARIOUS			VARIOUS				 ***						
FORM 990 PAGE 10	Description	MACHINERY & EQUIPMENT	FURNITURE AND EQUIPMENT	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT	ОТНЕК	LEASEHOLD IMPROVEMENTS	* 990 PAGE 10 TOTAL OTHER	* GRAND TOTAL 990 PAGE 10 DEPR								
ORM 99(Asset No.	~	H	· ~		72				 						
띮										 		 				

(D) - Asset disposed

228111 05-01-12

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone