EXTENDED TO NOVEMBER 15, 2016								
	Ω	90 Return of Organization Exempt F	From I	ncome Tax	OMB No. 1545-0047			
For	2015							
	Department of the Treasury Do not enter social security numbers on this form as it may be made public.							
		enue Service Information about Form 990 and its instructions is		s.gov/form990.	Inspection			
			ending					
B	heck if pplicab	f C Name of organization FRIENDS OF THE CHILDREN'S ETERNAL		D Employer identificat	tion number			
X	Addre							
	Name			**_***	*2051			
	Initial		Room/suite					
	 returr		312		41-1257			
	termin ated	in-		G Gross receipts \$	124,354.			
	Amer			H(a) Is this a group retu				
	Appli tion pend	F Name and address of principal officer: CITEDDEA RATCHE		for subordinates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all subordinates inclu	ded? Yes No			
		xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	r 🛄 527	If "No," attach a list				
		ite: WWW.FRIENDSOFTHERAINFOREST.ORG		H(c) Group exemption n				
	orm o	of organization: X Corporation Trust Association Other	L Year	of formation: 2002 M S	tate of legal domicile: MO			
Г		Summary Briefly describe the organization's mission or most significant activities: <u>TO</u> PR			F WORLD			
Ce	1	BY EDUCATING AND INSPIRING CHILDREN AND A		TO TAKE ACT				
nar	2	Check this box \blacktriangleright if the organization discontinued its operations or dispose						
ver	3				12			
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		12				
8 8	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		2				
viti	6	Total number of volunteers (estimate if necessary)			4			
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
ne	8	Contributions and grants (Part VIII, line 1h)		207,796.	86,066.			
Revenue	9	Program service revenue (Part VIII, line 2g)		86,684. 3,030.	28,005. 118.			
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,354.	7,465.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		300,864.	121,654.			
	13	*		90,550.	58,650.			
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
s				185,773.	24,632.			
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) $11,63$		0.	0.			
épe	b	Total fundraising expenses (Part IX, column (D), line 25) 11,63	33.					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		162,344.	38,360.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		438,667.	121,642.			
	19	Revenue less expenses. Subtract line 18 from line 12		-137,803.	12.			
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year			
sset 3alai	20	Total assets (Part X, line 16)		3,130,642.	3,168,989.			
et A Ind E	21	Total liabilities (Part X, line 26)		29,652.	49,232.			
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		3,100,990.	3,119,757.			
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my kr	nowledge and belief it is			
Jinu	or bour	and so or perjary, racolaro that rhave ovarining this rotari, mondaring accompanying schedulos	and otatom	sines, and to the boot of my Ki	istilougo una bolloi, it is			

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CHELSEA RAICHE, PRESID Type or print name and title	DENT	Date					
Print/Type preparer's name Preparer's signature Date Check PTIN Paid JEANETTE BAX-KURTZ JEANETTE BAX-KURTZ 10/20/16 # preparer's signature								
Preparer	Firm's name MUELLER PROST LC	Firm's EIN	*-**4752					
Use Only	Driv Firm's address 7733 FORSYTH BLVD., SUITE 1200 Phone no. (314) 862-2070							
May the IRS discuss this return with the preparer shown above? (see instructions)								
532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	FRIENDS OF THE CHILDREN'S ETERNAL 990 (2015) RAINFOREST F/K/A MONTEVERDE **-**2051 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O
	SEE SCHEDOLE O
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 65,469. including grants of \$ 58,650.) (Revenue \$ 28,005. CONSERVATION:
	FCER PROVIDES GRANTS TO SUPPORT, PROTECT AND EXPAND THE CHILDREN'S
	ETERNAL RAINFOREST AND SURROUNDING REGION. IN 2015, FCER GRANTED FUNDS
	TO SUPPORT THE MONTEVERDE CONSERVATION LEAGUE'S EXECUTIVE DIRECTOR
	POSITION; PROVIDE CRITICAL SAFETY EQUIPMENT AND INFRASTRUCTURAL
	SUPPORT; ADD ENDANGERED RAINFOREST HABITAT TO THE RESERVE; INCREASE THE
	ENDOWMENT FUND; SUPPORT THE MONTEVERDE-ARENAL BIOREGION INITIATIVE;
	IMPROVE FOREST FIELD STATIONS AND FACILITIES; AND IMPROVE COMMUNICATION METHODS IN THE FIELD.
	METHODS IN THE FIELD.
4b	(Code:) (Expenses \$9,795. including grants of \$) (Revenue \$)
	EDUCATION AND OUTREACH/AWARENESS:
	FCER CREATED A SCIENTIFIC STUDY ABROAD CURRICULUM TO ENGAGE STUDENTS IN
	LEARNING ABOUT SCIENCE, PEACE, TROPICAL ECOLOGY, CONSERVATION OF THE
	ENVIRONMENT AND FOREST'S ROLE IN ALL OF THESE; TOOK 49 STUDENTS AND ADULTS ON SCIENTIFIC STUDY TRIPS. IN ADDITION, UPON REQUEST FCER
	PROVIDED SUPPORT TO SCHOOLS AND INDIVIDUAL CHILDREN SEEKING TO BECOME
	ENGAGED IN LEARNING ABOUT AND SUPPORTING THE FOREST. IN 2015, FCER
	CONDUCTED COMMUNITY OUTREACH TO RAISE AWARENESS OF ISSUES RELATING TO
	RAINFORESTS AND GLOBAL CONSERVATION INCLUDING PRESENTATIONS ON CLIMATE
	CHANGE, TROPICAL ECOLOGY, DEFORESTATION, WILDLIFE CORRIDORS AND
	BIODIVERSITY TO OVER 200 PEOPLE. OVER 17 INDIVIDUAL STUDENTS/SCHOOLS
	WERE ENGAGED IN EDUCATION EFFORTS.
4c	(Code:) (Expenses \$ 20,206. including grants of \$) (Revenue \$) (Revenue \$)
	ECOTRAVEL: FCER CONTINUED THIS PROGRAM IN WHICH IT LEADS OPEN AND SPECIAL
	ARRANGEMENT TRIPS TO THE FOREST WHERE PARTICIPANTS HAVE AN OPPORTUNITY
	TO EXPERIENCE THE FOREST BY STAYING AT ITS FIELD STATIONS, LEARN ABOUT
	THE RAINFOREST THROUGH GUIDED INTERPRETIVE HIKES AND WILDLIFE
	OBSERVATION WITH EXPERIENCED NATURALISTS, AND LEARN ABOUT COSTA RICAN
	HISTORY, CULTURE, AND CUISINE.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 95,470.
3200	Form 990 (2018
2-16	¹⁵ 2
01	020 792632 15977002 2015.04020 FRIENDS OF THE CHILDREN'S E 15977011

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FRIENDS OF '	THE	CHILDREN'	S	ETERNAL
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RAINFOREST F/K/A MONTEVERDE

-2051 Page 3

Fa	rt 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			
	complete Schedule G, Part III	19	000	X

Form **990** (2015)

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Form 990 (2015)

FRIENDS OF THE CHILDREN'S ETERNAL

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 25a	24a		X
b		24b		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b		200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
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	21		
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		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C		000		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 00	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
~~~	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
~ .	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2015)

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Form 990 (2015)

RAINFOREST F/K/A MONTEVERDE

FRIENDS	OF	THE (	CHILDREN	'S	ETERNAL
RAINFORE	ST	F/K/Z	A MONTEV	ERI	DE

Par	<b>rt v</b> Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V						
		<u></u>	<u> </u>	Yes	No		
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	1		res	NO		
b		0					
Ŭ	(gambling) winnings to prize winners?	-	1c				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	;	2b	Х			
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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	Х			
b	If "Yes," enter the name of the foreign country: COSTA RICA						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X		
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization s	solicit					
	any contributions that were not tax deductible as charitable contributions?	[ (	6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	[9	6b				
7	Organizations that may receive deductible contributions under section 170(c).				x		
а							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?		7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
e			7e 7c				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required a contribution of each back similared and the organization file of each back similared and the organizatic similared and the organization file of each bac		7g 7h				
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	1098-07	7h				
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8				
9	sponsoring organization have excess business holdings at any time during the year?	·····	•				
J	Did the sponsoring organization make any taxable distributions under section 4966?		9a				
h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:	······ 占					
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a						
	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1	l2a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?		l3a				
	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						
	Enter the amount of reserves on hand				37		
	Did the organization receive any payments for indoor tanning services during the tax year?	····· —	4a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		4b		L		

Form **990** (2015)

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Form 990 (2015)

Form 990 (2015)

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Χ

Part VI	Governance, Management, and Disclosure For each "Yes" re	esponse to lines 2 through 7b below, and for a "No" response
	${}^{-}$ to line 8a, 8b, or 10b below, describe the circumstances, processes, or cha	anges in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					Σ
Sec	tion A. Governing Body and Management					-
			1 1	~ <u> </u>	Yes	N
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	1	4		
	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 0.		1			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	-	•			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$			3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 v	vas filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoir	nt one or			
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stock	holders, or			
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	Γ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u></u> .	<u></u>	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Reven	ue Code.)			
					Yes	_
0a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	hapte	ers, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing box	dy be	fore filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a				12a	X	Γ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	Γ
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					$\square$
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	Γ
4	Did the organization have a written document retention and destruction policy?			14	X	Τ
15	Did the process for determining compensation of the following persons include a review and approv					t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	The organization's CEO, Executive Director, or top management official			15a	X	Г
	Other officers or key employees of the organization			15b		1:
2	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					f
<b> 6</b> 2	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
-4	taxable entity during the year?			16a		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			104		†
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the steps to safeguard the organization to evaluate the organization of the steps to safeguard the organization to evaluate the organization of the steps to safeguard the organization to evaluate the organization of the steps to safeguard the steps to safeguard the organization of the steps to safeguard the organization of the steps to safeguard the s					
				16b		
60	exempt status with respect to such arrangements?				I	1
	List the states with which a copy of this Form 990 is required to be filed $\triangleright$ CA, CO, CT, FL, F	72		R DT	דדת	1
7						• •
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	1 (56	Cuon SUI(C)(3)S ONLY	availat	ne	
	for public inspection. Indicate how you made these available. Check all that apply.		abadula O			
	X Own website Another's website X Upon request Other (explain		,	a al fin	-i-I	
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	ontlict	or interest policy, a	nd finan	ICIAI	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks	and records: ►			
	CHELSEA RAICHE - 314-941-1257	1				
	1324 CLARKSON CLAYTON CENTER, ST. LOUIS, MO 63011	L				
32000	6 12-16-15			Form	1 <b>990</b>	(20
• -	6				~	<u> </u>
υ1	020 792632 15977002 2015.04020 FRIENDS OF THE	CH	HILDREN'S E	: 159	977	01

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***2051 Page 7

Form 990 (	(2015)	RAINFORES	ST F/K/2	A MONTE	IVERDE	**_**
Part VII	Compensation	of Officers, D	irectors, 1	rustees, I	Key Employees,	Highest Compensated
	Employees, an	d Independen	t Contract	ors		

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

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

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

• List all of the organization's current officers, directors, trustees (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 report-

able 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.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	cer an	nd a d I	recto	or/trus	itee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	neus		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee				organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) MARGARET EISENBERGER	5.00	-	-		-		<u> </u>			
SECRETARY		X		x				0.	0.	0.
(2) ELIZABETH KAYSER	1.00									
BOARD MEMBER		X						0.	0.	0.
(3) PATRICK OSBORNE	3.00									
CHAIRMAN		Х		Х				0.	0.	0.
(4) DAVID ROBNAK	3.00									_
VICE CHAIRMAN		Х		х				0.	0.	0.
(5) JEREMY CRANDELL	0.00									
BOARD MEMBER		Х						0.	0.	0.
(6) KRISTOPHER LOYND	0.50									
BOARD MEMBER		х						0.	0.	0.
(7) GONZALO FERNANDEZ	0.50									<u> </u>
BOARD MEMBER	1 00	X						0.	0.	0.
(8) MATT HERRINGTON	1.00	.,								0
TREASURER	1 0 0	X		X				0.	0.	0.
(9) STEVE MAHFOOD	1.00							0		0
BOARD MEMBER	1 00	X						0.	0.	0.
(10) TERESA CROSSLAND	1.00	x						0.	0.	0.
BOARD MEMBER (11) CAROL WIESMAN	0.30	<u>^</u>						0.	0.	0.
(II) CAROL WIESMAN FORMER CO-CHAIRMAN	0.30	x		x				0.	0.	0.
(12) STEVE TOMEY	3.00	^		^				0.	0.	0.
BOARD MEMBER	5.00	x						0.	0.	0.
(13) ROB GOVERO	1.00									0.
BOARD MEMBER	1.00	x						0.	0.	0.
(14) JANE OLIVER	10.00									
FORMER CO-CHAIRMAN		x		x				0.	0.	0.
(15) ANNE FERNANDEZ	3.00									
FORMER BOARD MEMBER		x						0.	0.	0.
(16) DR. PETER RAVEN	1.00	1								
FORMER BOARD MEMBER		x						0.	0.	0.
(17) CHELSEA RAICHE	20.00	1								
PRESIDENT		1		х				19,256.	0.	0.
522007 12 16 15								•	-	Form <b>990</b> (2015)

532007 12-16-15

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Form 990 (2015)

2015.04020 FRIENDS OF THE CHILDREN'S E 15977011

FRIENDS	OF	THE	CF	IILDREN	'S	ETERNAL
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	AINFOREST F/K/	'A 1	NON	ITE	EVE	ERD	)E		**_*	**2	051	Pa	ıge <b>8</b>
Part VII Section A. Officers, D	irectors, Trustees, Key Er	nploy	/ees,	and	d Hi	ghes	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	Average Position (do not check more than one box, unless person is both an					one n an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related		am	(F) timate ount c other	
	(list any hours for related organization below line)	5 Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fro orga and	pensat om the anization I relate nization	e on ed
		-											
4.01111								19,256.		0.			0.
1b Sub-total c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII, Section A					)		0. 19,256.		0.			0.
2 Total number of individuals (i compensation from the organ	ncluding but not limited to								,000 of reportab	le			0
3 Did the organization list any f								•				Yes	No
<ul> <li>line 1a? <i>If</i> "Yes," <i>complete</i> So</li> <li>For any individual listed on line and related organizations greated</li> </ul>	ne 1a, is the sum of reporta	ble co	ompe	ensa	ation	n and	otl	her compensation from			3		x x
<ul> <li>5 Did any person listed on line</li> <li>rendered to the organization?</li> </ul>	1a receive or accrue comp	ensat	ion f	rom	any	unre	elat				5		x
Section B. Independent Contrac													
1 Complete this table for your the organization. Report com										npens	ation fr	rom	
Name	(A) and business address	N	ONE	2				<b>(B)</b> Description of s	ervices	С	(C omper		1
2 Total number of independent \$100,000 of compensation fr		not li	mite	d to		se lis )	ted	l above) who received n	nore than				
											Form 🤇	<b>990</b> (2	015)

532008 12-16-15

Form	990	(2015)
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Pa	rt VII	Statement of Reven	ue					
		Check if Schedule O conta	ins a response	or note to any lin		(5)		
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f g h	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants similar amounts not included abov Noncash contributions included in lines <b>Total.</b> Add lines 1a-1f	1b       1c       1d       pons)     1e       s, and     1f       la-1f: \$	Business Code	86,066.	28.005		
Program Service Revenue	2 a b c d e f	ECO-TOURS AND R			28,005.	28,005.		
	g	Total. Add lines 2a-2f		►	28,005.			
	3	Investment income (including of other similar amounts)	exempt bond p	► proceeds	118.			118.
	5	Royalties			139.			139.
Other Revenue	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal				
	7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
	d	Gain or (loss) Net gain or (loss) Gross income from fundraising including \$ 1,0 contributions reported on line Part IV, line 18	events (not 25. of 1c). See					
Othe	с	Less: direct expenses Net income or (loss) from fund Gross income from gaming act	b braising events		7,306.			7,306.
	b c	Part IV, line 19 Less: direct expenses Net income or (loss) from gami	a b ng activities					
	b	Gross sales of inventory, less r and allowances Less: cost of goods sold Net income or (loss) from sales	a b					
		Miscellaneous Revenue		Business Code				
	11 a b c							
		All other revenue						<u> </u>
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			121,654.	28,005.	0.	,
53200	9 12-16	6-15						Form <b>990</b> (2015)

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Sect	tion 501(c)(3) and 501(c)(4) organizations must comp		-	· · · · · · · · · · · · · · · · · · ·	
<u></u>	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX (B)	(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	58,650.	58,650.		
	individuals. See Part IV, lines 15 and 16	50,050.	50,050.		
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	19,256.	9,628.	3,851.	5,777
6	Compensation not included above, to disqualified		570200		
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,950.	975.	390.	585
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	3,426.	1,713.	685.	1,028
1	Fees for services (non-employees):				
а	Management				
b	Legal	326.		326.	
С	Accounting	4,138.		4,138.	
d	, , , , , , , , , , , , , , , , , , ,				
е	· · · ·				
f	Investment management fees				
g					
_	column (A) amount, list line 11g expenses on Sch 0.)	1,773.	1,773.		
2	Advertising and promotion	1,196.	718.	359.	119
3	Office expenses	1,190.	1,104.	58.	
4	Information technology	1,102.	1,104.		
5	Royalties				
6 7		14,155.	12,478.	1,677.	
' 8	Travel Payments of travel or entertainment expenses	11/1000	12,1700		
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	608.	439.	113.	56
3	Insurance	3,264.	1,632.	653.	979
4	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.)	7 0 6 2	1 210		0.000
a	MISCELLANEOUS EXPENSE	7,863.	4,312.	742.	2,809
b	EDUCATION & OUTREACH EX	1,743.	1,743.	1,135.	
C	BANK SERVICE CHARGES PRINTING & POSTAGE	1,135. 329.	25.	24.	280
d		668.	23.	388.	200
	All other expenses	121,642.	95,470.	14,539.	11,633
5 6	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	121,042.	55,470.	±+,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	±±,05.
0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight and following SOP 98-2 (ASC 958-720)				

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Form 990 (2015)

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Form **990** (2015)

2015.04020 FRIENDS OF THE CHILDREN'S E 15977011

Form 990	(2015)
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Part X | Balance Sheet

#### FRIENDS OF THE CHILDREN'S ETERNAL RAINFOREST F/K/A MONTEVERDE

#### Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 19,984. 17,461. Cash - non-interest-bearing 1 1 125,592. 132,695. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 14,500. 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disgualified 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 8 19,875. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 7,171. basis. Complete Part VI of Schedule D _____ 10a 3,761. 4,018. 3,153. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 2,981,305. 2,981,305. 15 Other assets. See Part IV, line 11 15 3,130,642. 3,168,989. 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 16 852. 17 6,472. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 0. 28,800. Unsecured notes and loans payable to unrelated third parties 24 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 42,760. 0. 25 Schedule D 29,652. 49,232. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 3,028,450. 3,037,902. 27 Unrestricted net assets 27 41,115. 81,855. Temporarily restricted net assets 28 28 31,425. 0. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 3,119,757. 3,100,990. Total net assets or fund balances 33 33 3,130,642. 3,168,989. 34 Total liabilities and net assets/fund balances 34

Form 990 (2015)

532011 12-16-15

Form 990 (2015)       RAINFOREST F/K/A MONTEVERDE       **-***2051       Page 12         Part XI       Reconciliation of Net Assets       X         Check if Schedule O contains a response or note to any line in this Part XI       X         1       Total revenue (must equal Part XII, column (A), line 12)       1       121, 654.         2       Total revenue (must equal Part X, column (A), line 25)       2       121, 642.         3       8       2.121, 642.       3       1.22.         4       Hassets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       3, 100, 990.         5       Donated services and use of facilities       6       7       7         6       Donated services and use of facilities       6       7       7         7       Total revenue (B)       9       18,755.       10       Net assets or fund balances (explain in Schedule O)       9       18,755.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       3, 119, 757.         Part XII       Financial Statements and Reporting       2a       X       X         1       Accounting method used to prepare the Form 990.       X Cash       Accrual       Other       2a       X		FRIENDS OF THE CHILDREN'S ETERNAL				
Check if Schedule O contains a response or note to any line in this Part XI       X         1       Total revenue (must equal Part VIII, column (A), line 12)       1       121, 654.         2       Total expenses (must equal Part IX, column (A), line 25)       2       121, 642.         3       Revenue less expenses. Subtract line 2 from line 1       3       122.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       3, 100, 990.         5       Met unrealized gains (losses) on investments       6       7       7         6       Donated services and use of facilities       6       7       7         7       Investment expenses       8       7       7       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       18, 755.       10       Net assets or fund balances at end of year. Combine line 3 through 9 (must equal Part X, line 33, column (B))       10       3, 119, 757.         Part XII       Financial Statements and Reporting       10       3, 119, 757.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       Accrual	Form	990 (2015) RAINFOREST F/K/A MONTEVERDE	**_***	2051	Pag	ge <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       1 211, 642.         2       Total expenses (must equal Part IX, column (A), line 25)       2       1211, 642.         3       Revenue less expenses. Subtract line 2 from line 1       3       122.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       5       6         5       0       6       -       7         7       8       Prior period adjustments       6       -         9       0 ther changes in net assets or fund balances (explain in Schedule 0)       9       18,755.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       3, 119,757.         Part XII       Financial Statements and Reporting       -       -         Check if Schedule 0 contains a response or note to any line in this Part XII       -       -         1       Accounting method used to prepare the Form 990:       X Cash       Accrual       Other       -         11       H *Ves; * check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       -       2a       X         11       Yes, * check a box below to indicate whether the financial statements for the year were audited on a separ	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       121, 642.         3       Revenue less expenses. Subtract line 2 from line 1       3       122.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       3, 100, 990.         5       Donated services and use of facilities       6       6         7       8       6       7         8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9       18, 755.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       3, 119, 757.         Part XII       Financial Statements and Reporting       7       7       7         Check if Schedule O contains a response or note to any line in this Part XII       7       7       7         1       Accounting method used to prepare the Form 990:       X       Cash       Accrual       Other," explain in Schedule O.         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         11       Accounting method used to prepare the form 990:       X       Cash       Accrual		Check if Schedule O contains a response or note to any line in this Part XI				X
2       Total expenses (must equal Part IX, column (A), line 25)       2       121, 642.         3       Revenue less expenses. Subtract line 2 from line 1       3       122.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       3, 100, 990.         5       Donated services and use of facilities       6       6         7       8       6       7         8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9       18, 755.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       3, 119, 757.         Part XII       Financial Statements and Reporting       7       7       7         Check if Schedule O contains a response or note to any line in this Part XII       7       7       7         1       Accounting method used to prepare the Form 990:       X       Cash       Accrual       Other," explain in Schedule O.         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         11       Accounting method used to prepare the form 990:       X       Cash       Accrual						
3       Revenue less expenses. Subtract line 2 from line 1       3       12.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       3, 100, 990.         5       Bonated services and use of facilities       5       6         7       8       Prior period adjustments       8       9       18, 755.         10       0 Attent changes in net assets or fund balances (explain in Schedule 0)       9       18, 755.         10       10       3, 119, 757.         Part XII       Financial Statements and Reporting       10       3, 119, 757.         Check if Schedule O contains a response or note to any line in this Part XII       1       2a       X         1       Accounting method used to prepare the Form 990:       X       Check if Schedule O.       2a       X         1       Accounting method used to prepare the Form 990:       X       Chack of the organization changed its method of accounting from a prior year or checked 'Other," explain in Schedule O.       2a       X         1       Accounting method used to basis, or both:       2a       X       2a       X         1       Yees, check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       3, 100, 990.         5       Net unrealized gains (losses) on investments       5       6         6       0       7       8         7       8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9       18, 755.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       3, 119, 757.         Part XII       Financial Statements and Reporting       10       3, 119, 757.         Part XII       Financial statements compiled or reviewed by an independent accountant?       Yes       No         1       Accounting method used to prepare the Form 990:       X       Cash       Accrual       Other         1       ft "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis       Both consolidated and separate basis       Za       X         1       ft "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       Zb       X         1       Separate basis<	2	Total expenses (must equal Part IX, column (A), line 25)	2	121	.,6	42.
5 Net unrealized gains (losses) on investments   6   7   1   Accounting method used to prepare the Form 990:   2   2   2   1   Accounting method used to prepare the Form 990:   2   2   1   Accounting method used to prepare the Form 990:   2   2   1   Accounting method used to prepare the Form 990:   2   2   Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0.   2   2   2   2   Were the organization's financial statements compiled or reviewed by an independent accountant?   1   1   2   2   2    3   4   3   5   6   7   7   2   3    4   3   4   3   5   5   5   6   6    7    6   7   7    8    9    1   1   1   1   1   1    2   2    2    3    4    3    5    5 </th <th>3</th> <th>Revenue less expenses. Subtract line 2 from line 1</th> <th></th> <th></th> <th></th> <th>12.</th>	3	Revenue less expenses. Subtract line 2 from line 1				12.
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       9       18,755.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       18,755.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (E))       10       3,119,757.         Part XIII       Financial Statements and Reporting	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,100	),9	90.
7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       18,755.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       3,119,757.         Part XII       Financial Statements and Reporting       10       3,119,757.         Part XII       Financial Statements and Reporting       10       3,119,757.         Check if Schedule O contains a response or note to any line in this Part XII       10       3,119,757.         1       Accounting method used to prepare the Form 990:       X Cash       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited o	5	Net unrealized gains (losses) on investments	5			
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       18,755.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       3,119,757.         Part XIII       Financial Statements and Reporting       10       3,119,757.         Part XIII       Financial Statements and Reporting       10       3,119,757.         1       Accounting method used to prepare the Form 990:       X Cash       Accrual       Other         1       ft be organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         1       ft "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         1       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         1       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         16       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O)   9 0 ther changes in net assets or fund balances (explain in Schedule O)   10 3,119,757.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: A Cash Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Deter the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Deter the organization's financial statements audited by an independent accountant? If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required audit or audits? If the organization did not undergo the required audit abe or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b	7	Investment expenses	7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       3, 119, 757.         Part XII       Financial Statements and Reporting       Interval in the second statements and Reporting       Interval inte	8		8			
column (B)       10       3,119,757.         Part XII       Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain in Schedule O)	9	18	<u>7, 7</u>	55.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       X       Cash       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2c       2c         If "Yes," to line 2a or 2b, does the organization have a committee that as	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			_	
Check if Schedule O contains a response or note to any line in this Part XII       Yes         1       Accounting method used to prepare the Form 990:       X Cash       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         b Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation 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 Aud			10	3,119	),7	57.
Yes No   1 Accounting method used to prepare the Form 990:   X Cash   Accrual Other      If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   b Both consolidated and separate basis   c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain 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 Act and OMB Circular A-1	Pa					
1       Accounting method used to prepare the Form 990: X Cash       Accrual       Other       Image: Cash Cash Cash Cash Cash Cash Cash Cash		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2c       2c         If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X					Yes	No
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2c       X         If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X	1					
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis						
separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       Image: Consolidated basis       Image: Consolidated basis </th <th>2a</th> <th></th> <th></th> <th>2a</th> <th></th> <th>X</th>	2a			2a		X
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</li> </ul>			l on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2c       2c         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b						
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image:						
consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain 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   Act and OMB Circular A-133?   b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b			2b		X
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit</li> <li>Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</li> </ul>			e basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2c         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       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b						
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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       3a       X         Act and OMB Circular A-133?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b       3b				2c		<b> </b>
Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b						
b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       3b	3a		ngle Audit			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits				3a		<u> </u>
	b					
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits				<u> </u>

Form **990** (2015)

532012 12-16-15

SCHEDULE A								OMB No. 1545-0047
(Form 990 or 990-EZ)			arity Status ar					2015
	C		anization is a section 50 I947(a)(1) nonexempt cha			or a section		<b>ZU IJ</b>
Department of the Treasury			Attach to Form 990 or I					Open to Public
Internal Revenue Service	Informat	ion about Schedule	A (Form 990 or 990-EZ) and	its instruct	tions is at ^W	ww.irs.gov/fo	rm990.	Inspection
Name of the organizati			E CHILDREN'S		AL			identification number
			K/A MONTEVERD					*-**2051
Part I Reason	or Public	Charity Status	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The organization is not a	private found	dation because it is	s: (For lines 1 through 11, o	check only	one box.)			
1 🗌 A church, cor	vention of ch	nurches, or associa	tion of churches describe	d in <b>sectic</b>	on 170(b)(	1)(A)(i).		
2 A school dese	cribed in <b>sect</b>	tion 170(b)(1)(A)(ii)	. (Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3 A hospital or	a cooperative	hospital service o	rganization described in <b>s</b>	ection 170	)(b)(1)(A)(i	ii).		
4 A medical res	earch organiz	zation operated in	conjunction with a hospita	l describe	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
city, and state	e:							
-	-	or the benefit of a Complete Part II.)	college or university owne	d or opera	ted by a g	overnmental u	unit describ	ed in
			nmental unit described in	coction 1	70(6)(1)(4)	(1)		
	-	-	stantial part of its support				ho gonoral	public described in
/ o. guu.		Complete Part II.)	stantial part of its support	nom a gov	ennenta		ne general	
			b)(1)(A)(vi). (Complete Par	+ 11 \				
177		•	bre than 33 1/3% of its su	,	contributi	one mombor	shin foos a	nd gross receipts from
5			ject to certain exceptions					
			ne (less section 511 tax) fr					
		mplete Part III.)			53553 acqu		ganzation	
		•	usively to test for public sa	afety See	section 5	)9(a)(4)		
	•	-	usively for the benefit of, t	•			arry out the	nurnoses of one or
5	•	-	ibed in section 509(a)(1)	-			•	
		-	e of supporting organization					
	-		, supervised, or controlled		-		-	aivina
		-	regularly appoint or elect	•			••••••	
	-		Sections A and B.	, ,				11 5
		-	ed or controlled in connec	tion with i	ts support	ed organizatio	on(s), by ha	ving
			rganization vested in the s			-		-
	-		V, Sections A and C.					
		-	ting organization operated	in connec	tion with,	and functiona	lly integrate	ed with,
its supporte	ed organizatio	on(s) (see instructio	ons). You must complete	Part IV, Se	ections A,	D, and E.		
d 🗌 Type III noi	n-functionall	y integrated. A su	pporting organization ope	rated in co	nnection v	with its suppo	rted organi	zation(s)
that is not f	unctionally in	tegrated. The orga	nization generally must sa	tisfy a dist	ribution re	quirement an	d an attenti	veness
requiremen	t (see instruc	tions). <b>You must c</b>	omplete Part IV, Section	s A and D	, and Part	<b>v</b> .		
e Check this	box if the org	anization received	a written determination fro	om the IRS	6 that it is a	а Туре I, Туре	II, Type III	
functionally	integrated, o	or Type III non-func	tionally integrated support	ing organi	zation.			
f Enter the number of	of supported	organizations						
<b>g</b> Provide the followi								
(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o	organization in your	(v) Amount of	,	(vi) Amount of
organization			above (see instructions))	governing	document?	support instruct	-	other support (see instructions)
			_	Yes	No	initiation	10110)	
		+						
		+						
Total								
LHA For Paperwork Re	duction Act I	Notice, see the Ins	structions for			Sche	dule A (For	m 990 or 990-EZ) 2015
Form 990 or 990-EZ.								,,
			1	3				

13401020 792632 15977002 2015.04020 FRIENDS OF THE CHILDREN'S E 15977011

## FRIENDS OF THE CHILDREN'S ETERNAL Schedule A (Form 990 or 990 EZ) 2015 RAINFOREST F/K/A MONTEVERDE

**-***2051 Page 2

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	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectic	on 501(c)(3)	
_	organization, check this box and stor	o here					<b>▶</b>
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2015 (		•			14	%
	Public support percentage from 2014					15	%
<b>16</b> a	33 1/3% support test - 2015. If the o	-					
	stop here. The organization qualifies						
k	33 1/3% support test - 2014. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	t - 2015. If the org	ganization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	sts-and-circumstar	nces" test, check t	his box and <b>stop h</b>	<b>1ere.</b> Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	-	-				
b	10% -facts-and-circumstances tes	t - 2014. If the org	ganization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the				• •		;
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	edule A (Form 990	or 990-EZ) 2015

532022 09-23-15

## FRIENDS OF THE CHILDREN'S ETERNAL

## Schedule A (Form 990 or 990 EZ) 2015 RAINFOREST F/K/A MONTEVERDE 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.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	232,219.	242,696.	342,369.	207,796.	86,066.	1,111,146.
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	33,106.	56,774.	82,206.	86,684.	28,005.	286,775.
3	Gross receipts from activities that		-		-		
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	265,325.	299,470.	424,575.	294,480.	114,071.	1,397,921.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	141,669.	142,991.	195,369.	105,298.	34,620.	619,947.
k	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						0.
c	Add lines 7a and 7b	141,669.	142,991.	195,369.	105,298.	34,620.	619,947.
	Public support. (Subtract line 7c from line 6.)	-	-			-	777,974.
	ction B. Total Support						-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	265,325.	299,470.	424,575.	294,480.	114,071.	1,397,921.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,447.	1,848.	1,966.	781.	277.	9,319.
F	Unrelated business taxable income				, • = •		570151
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	4,447.	1,848.	1,966.	781.	277.	9,319.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	269,772.	301,318.	426,541.	295,261.	114,348.	1,407,240.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
		-					<b>&gt;</b>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2015 (I	ine 8, column (f) d	ivided by line 13, c	column (f))		15	55.28 %
	Public support percentage from 2014					16	59.51 %
	ction D. Computation of Inves						
17	Investment income percentage for 20	15 (line 10c, colum	nn (f) divided by lir	ne 13, column (f))		17	.66 %
	Investment income percentage from 2					18	.84 %
19a	<b>33 1/3% support tests - 2015.</b> If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3% , and line 1	
	more than 33 1/3%, check this box a						► X
k	<b>33 1/3% support tests - 2014.</b> If the	•					
	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
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				15			

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# FRIENDS OF THE CHILDREN'S ETERNAL

# Schedule A (Form 990 or 990-EZ) 2015 RAINFOREST F/K/A MONTEVERDE

## Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2015

10b

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Yes

No

## FRIENDS OF THE CHILDREN'S ETERNAL Schedule A (Form 990 or 990-EZ) 2015 RAINFOREST F/K/A MONTEVERDE

Pa	rt IV Supporting Organizations (continued)	
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
с	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c
Sec	ction B. Type I Supporting Organizations	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	<b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Sec	ction C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Sec	ction D. All Type III Supporting Organizations	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
3		
	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	
800	supported organizations played in this regard.	3
-	ction E. Type III Functionally-Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	sj.
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	

The organization is the parent of each of its supported organizations. *Complete line 3 below.* b

ot The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) С

- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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2a

2b

За

3b

No Yes

Yes No

Yes No

Yes No

No Yes

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## FRIENDS OF THE CHILDREN'S ETERNAL Schedule A (Form 990 or 990-EZ) 2015 RAINFOREST F/K/A MONTEVERDE

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

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v-inteara	ated Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2015

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#### FRIENDS OF THE CHILDREN'S ETERNAL

#### Schedule A (Form 990 or 990 EZ) 2015 RAINFOREST F/K/A MONTEVERDE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations З 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 9 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Amount for 2015 Section E - Distribution Allocations (see instructions) Pre-2015 Distributable amount for 2015 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: а b С d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. i i 4 Distributions for 2015 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if 5 any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2016. Add lines 3j 7 and 4c. 8 Breakdown of line 7: а b c Excess from 2013 d Excess from 2014 e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A	(Form 990 or 990-EZ) 2015	FRIENDS OF RAINFOREST				**_**	2051 Pag
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, l Section D, lines 5, 6, and (See instructions.)	<b>mation.</b> Provide the , 2, 3b, 3c, 4b, 4c, 5a, 6 lines 2 and 3; Part IV, 5	explanations r 6, 9a, 9b, 9c, 1 Section E, lines	equired by Part II 1a, 11b, and 11c 1c, 2a, 2b, 3a ar	l, line 10; Part ; Part IV, Sect nd 3b; Part V, I	II, line 17a or 17b; Part III, ion B, lines 1 and 2; Part I ine 1; Part V, Section B, li	line 12; V, Section C, ne 1e; Part V,
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Schedule B
(Form 990, 990-EZ,
or 990-PF)

#### Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Employer identification number

Name	of	the	organization
			FR

FRIENDS OF THE CHILDREN'S ETERNAL RAINFOREST F/K/A MONTEVERDE

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Organization	tuno (chor	k ono).
Organization	type (cnec	ck one).

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note**. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

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

#### Special Rules

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

	HEDULE D		al Financial Statements anization answered "Yes" on Form 990,		OMB No. 1545-0047
(FOI)	11 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	b.	Open to Public
	ment of the Treasury I Revenue Service		Attach to Form 990. rm 990) and its instructions is at www.ir:	s.gov/form990.	Inspection
Nam	e of the organizatio	on FRIENDS OF THE CHI	LDREN'S ETERNAL	Employ	er identification number
		RAINFOREST F/K/A M			**-**2051
Pa		-	ed Funds or Other Similar Funds	s or Accounts	Complete if the
	organization	answered "Yes" on Form 990, Part IV, lir		(b) Euroda	
	<b>-</b>		(a) Donor advised funds	(b) Funds a	nd other accounts
1		d of year			
2		contributions to (during year)			
3 4		grants from (during year)			
5		end of year	writing that the assets held in donor advis	ed funds	
Ŭ	-		exclusive legal control?		Yes No
6			advisors in writing that grant funds can be		
•	° °	<b>c</b>	or donor advisor, or for any other purpose		
	impermissible priva		· · · ·	-	🗌 Yes 🗌 No
Pa	rt II Conserva		ganization answered "Yes" on Form 990, I		
1	Purpose(s) of cons	ervation easements held by the organizat	ion (check all that apply).		
	Preservation	of land for public use (e.g., recreation or e	education) Preservation of a hist	orically important	land area
	Protection of	natural habitat	Preservation of a cert	ified historic strue	cture
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation	easement on the last
	day of the tax year.				d at the End of the Tax Year
а					
b					
С			ructure included in (a)		
d			after 8/17/06, and not on a historic struct		
•		al Register		2d	·
3		vation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization du	ring the tax
4	year	where property subject to concernation of			
5		vhere property subject to conservation ea ion have a written policy regarding the pe			
5		procement of the conservation easements			Yes No
6	•		, handling of violations, and enforcing con		
Ū					and daming the year
7	Amount of expense	 es incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion easements o	luring the vear
	▶\$	5, 1, 5,	5 , 5		5 ,
8	Does each conserv	vation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)	(4)(B)(ii)?			🖸 Yes 📃 No
9	In Part XIII, describ	e how the organization reports conservat	ion easements in its revenue and expense	statement, and	balance sheet, and
	include, if applicab	le, the text of the footnote to the organiza	tion's financial statements that describes	the organization'	s accounting for
	conservation easer				
Pa		-	f Art, Historical Treasures, or O	ther Similar /	Assets.
	Complete if	the organization answered "Yes" on Forn	1 990, Part IV, line 8.		
1a			SC 958), not to report in its revenue stater		
			hibition, education, or research in furthera	nce of public ser	vice, provide, in Part XIII,
_		note to its financial statements that descr			
b	-		SC 958), to report in its revenue statement		
			ducation, or research in furtherance of pu	blic service, prov	ide the following amounts
	relating to these ite				
0	.,		asures, or other similar assets for financia	• • _	
2		nts required to be reported under SFAS 1		a yan, provide	
а	-		To (ASC 958) relating to these items:	▶ \$	
		eduction Act Notice, see the Instruction			edule D (Form 990) 2015
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			25		

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Par	t III Organizations Maintaining C	Collections of A	rt, Historical	Treasures, c	or Other	Similar As	sets(continu	ed)
3	Using the organization's acquisition, access (check all that apply):	ion, and other record	ls, check any of tl	ne following that	t are a sign	ificant use of	its collection	items
а	Public exhibition	d	Loan or e	xchange progra	ms			
b	Scholarly research	е						
с	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explai	n how they furthe	r the organizatio	on's exemp	t purpose in	Part XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, historical tr	easures, or othe	er similar as	ssets		
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's	collection?			Yes	No No
Par	t IV Escrow and Custodial Arran						IV, line 9, or	
	reported an amount on Form 990, Pa		U			,	, ,	
1a	Is the organization an agent, trustee, custod	lian or other intermed	liary for contribut	ions or other as	sets not in	cluded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII							
	······································						Amount	
c	Beginning balance					1c	, ano and	
	Additions during the year					1d		
						1e		
	Distributions during the year					1f		
	Ending balance Did the organization include an amount on F					I	Yes	No
Par	If "Yes," explain the arrangement in Part XIII <b>t V</b> Endowment Funds. Complete					<u></u>		
I UI								oare back
		(a) Current year	(b) Prior year	(c) Two year	S DACK (C)	Three years b	ack <b>(e)</b> Four y	Ears Dack
	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the cur	rrent year end balanc	e (line 1g, columr	n (a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held	d and administe	red for the	organization		
	by:						Y	'es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule I	٦?			3b	
4	Describe in Part XIII the intended uses of the							
Par	't VI Land, Buildings, and Equipn							
	Complete if the organization answere	ed "Yes" on Form 990	), Part IV, line 11a	. See Form 990	, Part X, lin	e 10.		
	Description of property	(a) Cost or o		ost or other		umulated	(d) Book	value
		basis (investr		is (other)	.,	ciation	.,	
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment			7,171.		4,018.	3	,153.
	Other			.,		_,		,
-	Add lines 1a through 1e. (Column (d) must e		X column (R) line	= 10c)			3	,153.
Total		iguari onni 330, r'all				Sobor	dule D (Form 9	-
						Junet		550j <u>2</u> 0 13

	F/K/A MONTE	VERDE	**-***2051 Page 3
Part VII Investments - Other Securities.			<u>_</u>
Complete if the organization answered "Yes (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	
		(c) Method of Valuation. Cos	tor end-or-year market value
<ol> <li>(1) Financial derivatives</li> <li>(2) Closely-held equity interests</li> </ol>			
(2) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	" on Form 990. Part IV.	line 11c. See Form 990. Part X. line 13	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes		line 11d. See Form 990, Part X, line 1	
•	Description		(b) Book value
(1) LAND IN COSTA RICA			2,981,305.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		2,981,305.
Total. (Column (b) must equal Form 990, Part X, col. (B) lin         Part X       Other Liabilities.			
Complete if the organization answered "Yes	on Form 990, Part IV,		line 25.
		(b) Book value	
(1) Federal income taxes		42.760	
(2) TRIP DEPOSITS		42,760.	
(3)			
<u>(4)</u>			
(5)			
(6)	<del>_</del>		
(7)			
(8)			
(9) T-t-1 (O-1)	05 )	42,760.	
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	· · · · ·		monto that was alto the
2. Liability for uncertain tax positions. In Part XIII, provid		-	
organization's liability for uncertain tax positions unde	я т IIN 40 (АЗС 740). Ch	IEEK HEIE II LIE LEXL OF LIE TOOTTOTE NA	

Schedule D (Form 990) 2015

532053 09-21-15

	FRIENDS OF THE CHILDREN		
	dule D (Form 990) 2015 RAINFOREST F/K/A MONTEV		**-**2051 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat		enue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements $\dots$		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exp	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses		
d			
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
с	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18		

	5	I otal expe	enses. A	dd lines i	3 and 4c.	(This mu	st equa	Form 990	, Part I
l	Pa	rt XIII Su	ipplem	nental	Informa	ition.			

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

SC	HEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ates	ОМ	B No. 1545-0047
	rm 990)			n answered "Yes" on Form 990, Part				2015
	tment of the Treasury	Information of	out Cobodulo F	Attach to Form 990.	www.ire.gov/f	orm000		pen to Public spection
	al Revenue Service e of the organization		out Schedule F	(Form 990) and its instructions is at	www.ii3.gov/i			cation number
	IENDS OF TH	E CHILDREN	'S ETERN	IAL				
RA	INFOREST F/	K/A MONTEV	ERDE			**_**	205	1
Ра	rt I General In	formation on A	<b>Activities</b> Ou	tside the United States. Comple	ete if the orgar	nization answei	red "Y	es" on
	Form 990, Pa	rt IV, line 14b.						
1	-	e e		ds to substantiate the amount of its gr the selection criteria used to award the				Yes 🛛 No
2	For grantmakers. D United States.	escribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance	e outs	ide the
3		. (The following Par	t I. line 3 table c	an be duplicated if additional space is	needed.)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If acti is a pro describe	vity listed in (d gram service, e specific type ce(s) in region		(f) Total expenditures for and investments in region
CEN	TRAL AMERICA AND				DATN POPEC	F PURCHASE 2		
	CARIBBEAN	0	0	PROGRAM SERVICES	PROTECTION	I PURCHASE A	AND	95,470.
3 a	Sub-total	0	0					95,470.
	Total from continuat							, ,
	sheets to Part I		0					٥.
с	Totals (add lines 3a							
	and 3b)	0	0					95,470.

 $\mbox{LHA}~$  For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2015

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Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			RAIN FOREST PURCHASE AND PROTECTION	59 (50			N/A	CASH
			AND PROTECTION	58,650.	WIRE TRANSFER	0.	N/A	CASH
			recognized as charities by the					
			n 501(c)(3) equivalency letter			►		
3 Enter total number of other organizations or entities								

Schedule F (Form 990) 2015

(a) Type of grant or assistance

			ILE E (Eorm 990) 2015

## FRIENDS OF THE CHILDREN'S ETERNAL RAINFOREST F/K/A MONTEVERDE

(c) Number of

recipients

**-***2051

(f) Amount of

non-cash assistance (g) Description of

non-cash assistance

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

(d) Amount of

cash grant

(e) Manner of

cash disbursement

Part III can be duplicated if additional space is needed.

(b) Region

Schedule F (Form 990) 2015

Page 3

**(h)** Method of valuation (book, FMV, appraisal, other)

FRIENDS	OF	THE	CHILDREN'	S	ETERNAL
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RAINFOREST F/K/A MONTEVERDE

Schedule F (Form 990) 2015

**_	***	2051	Page 4
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Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations</i> (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

#### Part V Supplemental Information

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

PART I, LINE 2:

Schedule F (Form 990) 2015

A WRITTEN REQUEST FOR FUNDS IS SUBMITTED TO FCER (FRIENDS OF THE

CHILDREN'S ETERNAL RAINFOREST) BY MCL (MONTEVERDE CONSERVATION LEAGUE).

MONIES ARE DISTRIBUTED BY FCER TO MCL FOR THE SPECIFIED USE. WHEN THE

FUNDS ARE SPENT, THE EXECUTIVE DIRECTOR OF MCL SENDS A REPORT ITEMIZING

HOW THE FUNDS WERE USED FOR THE INTENDED PURPOSE.

532075 10-01-15

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

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

 FRIENDS
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 RAINFOREST
 F/K/A
 MONTEVERDE
 **



Employer identification number **-**2051

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

SUPPORT, PROTECT, AND EXPAND THE RAINFOREST IN COSTA RICA AND BEYOND.

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

TO PROMOTE A SUSTAINABLE WORLD BY EDUCATING AND INSPIRING CHILDREN AND

ADULTS TO TAKE ACTION TO SUPPORT, PROTECT, AND EXPAND THE RAINFOREST IN

COSTA RICA AND BEYOND.

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

COPIES OF THE FORM 990 ARE GIVEN TO EACH BOARD MEMBER FOR REVIEW PRIOR TO FILING.

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

THE ORGANIZATION ROUTINELY INQUIRES OF ITS BOARD IF THEY HAVE A CONFLICT OF

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

ALL BOARD POSITIONS ARE NON-COMPENSATED POSITIONS AND AS SUCH NO

INDEPENDENT PERSON REVIEW AND/OR APPROVAL IS NECESSARY. THE PRESIDENT'S

SALARY IS DETERMINED BY COMPARABLE COMPENSATION FOR DUTIES PERFORMED AND IS

DISCUSSED AND APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATIONS MAKES THE FORM 990 AND ANNUAL REPORTS AVAILABLE TO THE

PUBLIC ON THEIR WEBSITE. THE FORM 1023 IS AVAILABLE UPON REQUEST.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2015)

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FORM 990, PART VI, SECTION C, LINE 19:		
ONLY DOCUMENTS REQUIRED UNDER FEDERAL TAX LAW ARE MAD		
THEY ARE AVAILABLE TO THE PUBLIC UPON REQUEST		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
ACCRUAL-TO-CASH ADJUSTMENT		-10,209
PRIOR PERIOD ADJUSTMENTS		28 964
TOTAL TO FORM 990, PART XI, LINE 9		
532212 09-02-15 <b>35</b>	Schedule O (Form	990 or 990-EZ) (201

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Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization FRIENDS OF THE CHILDREN'S ETERNAL

RAINFOREST F/K/A MONTEVERDE

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Employer identification number **-**2051