

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning , **and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">REFOREST THE TROPICS, INCORPORATED</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 28G COTTRELL STREET City or town, state or province, country, and ZIP or foreign postal code MYSTIC CT 06355	D Employer identification number <p style="text-align: center;">06-1449475</p> E Telephone number <p style="text-align: center;">860-572-8199</p> G Gross receipts \$ 472,503
F Name and address of principal officer: GREG POWELL 28G COTTRELL STREET MYSTIC CT 06355		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.REFORESTTHETROPICS.ORG		L Year of formation: 1996
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">DEVELOPMENT OF PROGRAMS TO OFFSET PERSONAL AND CORPORATE CARBON EMISSIONS THROUGH REFORESTATION IN THE TROPICS.</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12		0
7b Net unrelated business taxable income from Form 990-T, line 34		0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	247,425	306,062
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62	-5,580
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	247,487	300,482
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		102,479	134,960
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		149,417	160,589
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	251,896	295,549	
19 Revenue less expenses. Subtract line 18 from line 12	-4,409	4,933	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	270,174	283,269
	21 Total liabilities (Part X, line 26)	97,772	105,934
	22 Net assets or fund balances. Subtract line 21 from line 20	172,402	177,335

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <p style="text-align: center;">GREG POWELL</p>	Date <p style="text-align: center;">EXECUTIVE DIRECTOR</p>		
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name RICHARD M. HOYT, JR.	Preparer's signature RICHARD M. HOYT, JR.	Date 07/06/18	Check <input type="checkbox"/> if self-employed PTIN P00167078
	Firm's name ▶ HOYT, FILIPPETTI & MALAGHAN, LLC Firm's address ▶ 1041 POQUONNOCK RD GROTON, CT 06340-4211		Firm's EIN ▶ 20-1696994 Phone no. 860-536-9685	

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