

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018
Open to Public Inspection

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

A For the 2018 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
REFOREST THE TROPICS, INCORPORATED

D Employer identification number
06-1449475

Doing business as _____
E Telephone number
860-572-8199

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

F Name and address of principal officer:
GREG POWELL
28G COTTRELL STREET
MYSTIC CT 06355

G Gross receipts \$ **311,732**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: **WWW.REFORESTTHETROPICS.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1996** **M State of legal domicile:** **CT**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: DEVELOPMENT OF PROGRAMS TO OFFSET PERSONAL AND CORPORATE CARBON EMISSIONS THROUGH REFORESTATION IN THE TROPICS.		
	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 8	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 8	
	5 Total number of individuals employed in calendar year 2018 (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	7a 0	
	b Net unrelated business taxable income from Form 990-T, line 38	7b 0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	306,062	311,595
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-5,580	137
	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)	300,482	311,732
	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)		134,960	147,057
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)		160,589	163,017
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	295,549	310,074	
19 Revenue less expenses. Subtract line 18 from line 12	4,933	1,658	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	283,269	289,463
	21 Total liabilities (Part X, line 26)	105,934	110,470
	22 Net assets or fund balances. Subtract line 21 from line 20	177,335	178,993

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: *G Powell* Date: **7/25/19**
GREG POWELL **EXECUTIVE DIRECTOR**
 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: **07/25/19** Check if self-employed PTIN: **P00167078**
 Firm's name: **HOYT, FILIPPETTI & MALAGHAN, LLC** Firm's EIN: **20-1696994**
 Firm's address: **1041 POQUONNOCK RD GROTON, CT 06340-4211** Phone no.: **860-536-9685**

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