

Form

990

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 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**  
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  
**06-1449475**  
E Telephone number  
**860-572-8199**  
G Gross receipts \$ **964,842**

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

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**  
H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other L Year of formation: **1996** M State of legal domicile: **CT**

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 ☐ 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 6

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6

5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 2

6 Total number of volunteers (estimate if necessary) 6 10

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) Prior Year 1,084,326 Current Year 964,267

9 Program service revenue (Part VIII, line 2g) 50,000 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 835 575

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) 1,135,161 964,842

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0

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) 145,787 129,299

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) 780,117 676,934

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 925,904 806,233

19 Revenue less expenses. Subtract line 18 from line 12 209,257 158,609

Net Assets or Fund Balances

20 Total assets (Part X, line 16) Beginning of Current Year 1,310,764 End of Year 1,478,444

21 Total liabilities (Part X, line 26) 337,057 346,128

22 Net assets or fund balances. Subtract line 21 from line 20 973,707 1,132,316

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  
**GREG POWELL**  
Type or print name and title  
**EXECUTIVE DIRECTOR**

Date

Paid Preparer Use Only

Preparer's name  
**RICHARD M. HOYT, JR.**

Preparer's signature  
**RICHARD M. HOYT, JR.**

Date  
**11/13/25**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2024)

DAA