**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

#### COMERNOWLING 10475 CROSSPOINT BOULEVARD, SUITE 200 INDIANAPOLIS, IN 46256

NOVEMBER 12, 2024

RAINBOW VILLAGE III, INC. 1240 DAUTEL LANE ST. LOUIS, MO 63146

RAINBOW VILLAGE III, INC .:

ENCLOSED IS THE ORGANIZATION'S 2023 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2024.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

COMERNOWLING

## TAX RETURN FILING INSTRUCTIONS

FORM 990

### FOR THE YEAR ENDING

DECEMBER 31, 2023

Prepared for	RAINBOW VILLAGE III, INC. 1240 DAUTEL LANE ST. LOUIS, MO 63146
Prepared by	CNA TAX PROFESSIONALS, INC. 10475 CROSSPOINT BOULEVARD, SUITE 200 INDIANAPOLIS, IN 46256
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2024.

### Form 8879-TF

# IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal year beginning	, 2023, and ending
	, ====, =====

2023

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer RAINBOW VILLAGE III, INC. 06-1671138 DENNY HAYDEN Name and title of officer or person subject to tax PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here ...... 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here ..... b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a Form 4720 check here ..... 7a Form 5227 check here ..... 8a b FMV of assets at end of tax year (Form 5227, Item D) 8b Form 5330 check here ..... **b Tax due** (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of periury. I declare that 🐰 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize CNA TAX PROFESSIONALS, INC. 25461 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 35990708606 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. CNA TAX PROFESSIONALS, INC. 11/12/24 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE** (2023)

# Form **8868** (Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Type or Taxpaver identification number (TIN) Print 06-1671138 RAINBOW VILLAGE III, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1240 DAUTEL LANE City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. ST. LOUIS, MO 63146 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of MATT ELMORE 1240 DAUTEL LANE - ST. LOUIS, MO 63146 Telephone No. (314) 567-1522 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If it is for part of the group, check this box ..... and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or , 20 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return 2 Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0. using EFTPS (Electronic Federal Tax Payment System). See instructions.

#### EXTENDED TO NOVEMBER 15, 2024

ggn

## Return of Organization Exempt From Income Tax

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

Inspection

OMB No. 1545-0047

Department of the Treasury

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.

and ending A For the 2023 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change RAINBOW VILLAGE III, INC. Name change 06-1671138 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 1240 DAUTEL LANE (314) 567-1522 termin-ated 115,639. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended ST. LOUIS, MO 63146 H(a) Is this a group return Applica-F Name and address of principal officer: DENNY HAYDEN Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 4947(a)(1) or 」501(c) ( (insert no.) If "No," attach a list. See instructions NA H(c) Group exemption number J Website: **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 2004 M State of legal domicile: MO Part I Summary Briefly describe the organization's mission or most significant activities: LOW INCOME HOUSING FOR THE Activities & Governance DISABLED ELDERLY. Check this box oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 38,871. 38,857. Contributions and grants (Part VIII, line 1h) Revenue 47,066. 57,661. Program service revenue (Part VIII, line 2g) 81. 308. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 18,813. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 86.018. 115,639. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 43,254. 29,836. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 86,259 90,302. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 129,513. 120,138. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -43,495. -4,499.Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 733,848. 730.540. Total assets (Part X, line 16) 706,049. 597,665. 21 Total liabilities (Part X, line 26) 27.799. 132,875. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign DENNY HAYDEN, PRESIDENT Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature if self-employed Paid SHAWN D. DREIMAN, CPA SHAWN D. DREIMAN, CP11/12/24 P00380913 CNA TAX PROFESSIONALS, INC. Firm's EIN 35-2102008 Preparer Firm's name Firm's address 10475 CROSSPOINT BOULEVARD, SUITE 200 Use Only Phone no. 317 - 841 - 3393 INDIANAPOLIS, IN 46256 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Form	990 (2023) RAINBOW VILLAGE III,		06-1671138 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishmen	ts	
	Check if Schedule O contains a response or note to any line in	this Part III	
1	Briefly describe the organization's mission:  RAINBOW VILLAGE ENHANCES THE LIVES	OF INDIVIDUALS WITH	DEVELOPMENTAL
	DISABILITIES BY PROVIDING SAFE AND		
	Did the averagination and others are simplificant are supported to		
2	Did the organization undertake any significant program services durin prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in If "Yes," describe these changes on Schedule O.	n how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each	ch of its three largest program services, as	s measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the		• •
4a	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 93,451. including grant	rs of \$ ) (Rever	nue \$ 57,661.)
<del>-t</del> a	THE ORGANIZATION PROVIDED HOUSING I	FOR DEVELOPMENTALLY D	
	IN THE GREATER ST. LOUIS AREA.		
4b	(Code:) (Expenses \$ including grant	s of \$) (Rever	ue\$)
4c	(Code:) (Expenses \$ including grant	s of \$ ) (Rever	iue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$	) (Revenue \$	)
4e	Total program service expenses 93,451.		
			Form <b>990</b> (2023)

# Form 990 (2023) RAINBOW VILL Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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 Rev. Proc. 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? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	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 donor-restricted endowments or in 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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
19a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
	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	10h		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	u		
~	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		х
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. See instructions	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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		- 43
	complete Schedule G, Part III	19		Х
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		Х

# Form 990 (2023) RAINBOW VILLAGE II Part IV Checklist of Required Schedules (continued)

			Yes	No
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			١
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	_	Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			- V
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<b>.</b> .	х	
0.5	Part V, line 1	34		v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		X
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		<del>  ^</del> `
38		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0  † V   Statements Regarding Other IRS Filings and Tax Compliance	_ 30		
. ui	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is Solidadio O contains a response of note to any line in this fact v		Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b C			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
	(35	<u> </u>		

### RAINBOW VILLAGE III, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				res	NO
<b>2</b> a	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	2a 0			
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		v
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		١,		х
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		
D	If "Yes," enter the name of the foreign country				
<b>5</b> 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		E		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		- 22
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
ua			6a		Х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contribut		- Oa		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
Ĭ	to file Form 8282?	•	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$		9b		
10	Section 501(c)(7) organizations. Enter:	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1 1			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	a at			
100	amounts due or received from them.)	11b	100		
	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041?	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.		100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a		-	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	to line oa, ob, or rob below, describe the circumstances, processes, or changes on schedule of see instructions.								
	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2	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 on Schedule O.	,							
	Enter the number of voting members included on line 1a, above, who are independent 1b	4							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		X					
	officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37					
	of officers, directors, trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _		37					
	more members of the governing body?	7a		_X_					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			37					
_	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37						
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		I						
			Yes	No X					
	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 chapters, affiliates,	10b							
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	l		v					
	on Schedule O how this was done	12c		X					
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14		Λ					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v					
	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		Λ					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37					
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filedNONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	)s only	) avail	able					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finai	ncial						
	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 books and records								
	MATT ELMORE - (314) 567-1522								
	1240 DAUTEL LANE, ST. LOUIS, MO 63146								

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

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization		T	~1 1146			,	Jour			<i>(</i> <b>C</b> )
(A)	(B)			)) Pos	C) ition	,		(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				h an tee)	compensation	compensation	amount of
	week	-					ŕ	from	from related	other
	(list any hours for	irect						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	or d	28			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	trus		ee	ubeu		1099-NEC)	1099-1420)	and related
	below	dual t	tiona	١.	nploy	st cor	_	1033 (420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer of the contract of the	Key employee	Highest compensated employee	Former			ga <u>-</u> a
(1) DENNY HAYDEN	2.00	=	=	0	×	T 0	ш.			
PRESIDENT	2000	1		x				0.	0.	0.
(2) BRENDA WEBER	2.00	-		22				0.	0.	0
	2.00	-							0.	_
SECRETARY	2 00	-		Х		<u> </u>		0.	0.	0 .
(3) LELE ENGLER	2.00	4		l						
TREASURER				Х				0.	0.	0
		1								
		1								
		1								
						-				
		-								
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		_								
		L		L	L	L	L			
		1	1	l	l	1	l	l		

332007 12-21-23 Form **990** (2023)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below line)	(do	not c	Pos heck ss pe	ition more rson		one h an itee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensatio from related organization (W-2/1099-MIS 1099-NEC)	on d s SC/	am comp fro orga and	(F) timate nount of other pensation the anization relate anization	of tion e ion ed
		,	드	드	5	λ	三百	꼰						
-														
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	IIST	ed a	DOV	e) wi	no r	eceived more than \$100	0,000 of reportab	ie			0
													Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>								hest compensated emp			3		Х
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		X
	rendered to the organization? If "Yes," com	-				-						5		Х
	Complete this table for your fire his best as		-l	! -				4		\$100,000 of oor		-4: 6		
1	Complete this table for your five highest co the organization. Report compensation for										iperis	alion	OIII	
	(A) Name and business	address	NT/	INC	,				<b>(B)</b> Description of s	envices		(C Comper		n
	Name and Business	4441000	11/	2141					Description of a	ici vioco		Ompor		<u> </u>
								_						
2	Total number of independent contractors (i	-	ot li	mite	d to		_	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organization	zation					0					_	000 (6	

Form 990 (2023) RAINBOW
Part VIII Statement of Revenue

		Check if Schedule O	contains a	a response	or note to any lin	e in this Part VIII			
				·	,	(A) Total revenue	(B) Related or exempt function revenue		( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b Membership dues	ributions) grants, and above lines 1a-1f	1f 1g \$	38,857.	38,857.			
<del>- "</del>		ii iotai. Add iiiles ia-ii			Business Code	3373371			
o l	2 :	a TENANT RENT &	CHAI	RGES	531110	57,661.	57,661.		
Program Service Revenue	1	b			331110	37,001.	37,001.		
_	1	f All other program service	revenue .						
		g Total. Add lines 2a-2f				57,661.			
	3	Income from investment of	of tax-exe	mpt bond p	proceeds	308.			308.
	5	Royalties							
	6	<ul><li>a Gross rents</li><li>b Less: rental expenses</li><li>c Rental income or (loss)</li></ul>	6a 6b 6c	(i) Real	(ii) Personal				
		d Net rental income or (loss)	)		<b>.</b>				
O		<ul> <li>a Gross amount from sales of assets other than inventory</li> <li>b Less: cost or other basis</li> </ul>	7a	Securities	(ii) Other				
ther Revenue		and sales expenses  c Gain or (loss)  d Net gain or (loss)  a Gross income from fundraisir							
Ott		including \$contributions reported on Part IV, line 18b Less: direct expenses	line 1c). S	_ of See <b>8a</b>					
		c Net income or (loss) from		_					
	ı	<ul><li>a Gross income from gamin Part IV, line 19</li><li>b Less: direct expenses</li></ul>		9a 9b					
	10	Net income or (loss) from     Gross sales of inventory, I     and allowances	ess retur	ns <b>10</b> a	1				
		<ul><li>b Less: cost of goods sold</li><li>c Net income or (loss) from</li></ul>			-				
Miscellaneous Revenue	11 :	a MISC REVENUE	sales of li		Business Code 900099	18,813.			18,813.
ellar Ven		b							
Re		d All other revenue							
Σ		<ul><li>d All other revenue</li><li>e Total. Add lines 11a-11d</li></ul>				18,813.			
	12					115,639.	57,661.	0.	19,121.

### Part IX | Statement of Functional Expenses

3601	Check if Schodulo O contains a respon	·		<u> </u>	
Do	Check if Schedule O contains a responsor include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members  Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above to disqualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	24,667.	13,099.	11,568.	
8	Pension plan accruals and contributions (include	,	-,	,	
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,411.	3,411.		
10	Payroll taxes	1,758.	1,758.		
11	Fees for services (nonemployees):	-	-		
а	Management	6,408.		6,408.	
b	Legal				
С	Accounting	4,400.		4,400.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	4 211		4 211	
13	Office expenses	4,311.		4,311.	
14	Information technology				
15	Royalties	36,998.	36,998.		
16	Occupancy	30,330.	30,990.		
17	Travel				
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials  Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	26,458.	26,458.		
23	Insurance	11,727.	11,727.		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
е	All other expenses				
25	<b>Total functional expenses</b> . Add lines 1 through 24e	120,138.	93,451.	26,687.	0.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2023)
	0 10 01 02				

Form 990 (2023)

Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			782.	1	3,750.
	2	Savings and temporary cash investments			34,196.	2	40,493.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	683.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se persoi	ns		5	
	6	Loans and other receivables from other disqual	fied pers	ons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,215,280.			
	b	Less: accumulated depreciation	10b	529,666.	698,870.	10c	685,614.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			733,848.	16	730,540.
	17	Accounts payable and accrued expenses			110,609.	17	2,024.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	f Schedule D		21	
es	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subs					
ja P		controlled entity or family member of any of the	se persoi	ns		22	
_	23	Secured mortgages and notes payable to unrela			591,807.	23	591,807.
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	3 17-24).	Complete Part X	2 (22		2 024
		of Schedule D			3,633.	25	3,834.
	26	Total liabilities. Add lines 17 through 25			706,049.	26	597,665.
S		Organizations that follow FASB ASC 958, che	ck here	X			
nce		and complete lines 27, 28, 32, and 33.			27 700		122 075
ala	27	Net assets without donor restrictions			27,799.	27	132,875.
В	28	Net assets with donor restrictions				28	
<u>.</u> 5		Organizations that do not follow FASB ASC 9	58, chec	ck here			
ō		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds				29	
1886	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			27,799.	31	122 075
ž	32	Total net assets or fund balances				32	132,875.
	33	Total liabilities and net assets/fund balances			733,848.	33	730,540.

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2			38.
3	Revenue less expenses. Subtract line 2 from line 1	3			99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	7,7	99.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	10	9,5	75.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	13	2,8	75.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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 separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization RATNROW VILLAGE TIT **Employer identification number** 06-1671138

		RAIN	BOW VILLAG	E III, INC.				0	6-1671138
Pa	rt I	Reason for Public (	Charity Status.	All organizations must o	omplete th	nis part.) S	ee instruction	S.	
Γhe	orgar	ization is not a private found							
1		A church, convention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A school described in secti	on 170(b)(1)(A)(ii). (A	Attach Schedule E (Forr	n 990).)				
3		A hospital or a cooperative				(b)(1)(A)(ii	i).		
4	一	A medical research organiz						(iii). Enter	the hospital's name.
•		city, and state:	ation operated in co.	njanotion with a noopita	. 400011500		(2)(.)(.)	,( <i>)</i> . Lincon	the hoopital o harrio,
5		An organization operated for	or the benefit of a col	llege or university owne	d or operat	ted by a de	nvernmental i	ınit describ	ned in
3	ш	section 170(b)(1)(A)(iv). (C		liege of drilversity owne	a or operar	led by a gi	Sverimentart	ii iit uesoi it	Jed III
•			•			70/L\/4\/A\	(-A		
6	Н	A federal, state, or local gov	-						1 2 1 2 1 1
7		An organization that norma	-	ntial part of its support	rom a gov	ernmentai	unit or from t	ne generai	public described in
		section 170(b)(1)(A)(vi). (C	-						
8	Н	A community trust describe							
9		An agricultural research org	anization described	in section 170(b)(1)(A)	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions)	Enter the	name, city	/, and state of	the colleg	je or
		university:							
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from (	contributio	ns, members	nip fees, ar	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of i	ts support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	nplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sa	ıfety.See s	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, t	perform t	the functio	ns of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r <b>section</b> (	509(a)(2).	See <b>section 5</b>	609(a)(3). C	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	s 12e, 12f, and	d 12g.	
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported org	anization(s), t	ypically by	giving
		the supported organization	•		•				
		organization. You must o			, ,				
b		Type II. A supporting org			tion with it	s supporte	ed organizatio	n(s), by ha	avina
-		control or management o	•				-		-
		organization(s). You mus			uo po.oc			.go o	
c		☐ Type III functionally inte			in connec	tion with a	and functional	lly integrate	ed with
Ŭ		its supported organization	- '					ny micograci	od with,
d		Type III non-functionally		•				tod organi	ization(s)
u			= ::					-	• •
		that is not functionally int	-		-		-	an alleni	iveriess
_		requirement (see instruct	•	-				U. Tura III	
е		☐ Check this box if the orga					i Type i, Type	ii, Type iii	
	F4	functionally integrated, or	* *	nally integrated support	ing organiz	zation.			
T ~		er the number of supported of vide the following information	•	d organization(a)					
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	,	organization	(11) = 11 4	(described on lines 1-10	in your governi	ng document?	support (see in	,	support (see instructions)
		<b>g</b>		above (see instructions))	Yes	No			1
r <sub>at</sub> ,									

### 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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						
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.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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						
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	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stor	here					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2023 (	ine 6, column (f), c	divided by line 11,	column (f))		14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	<b>t - 2023.</b> If the org	anization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	es test, check thi	s box and <b>stop he</b>	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	~		• • •			
b	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	eck this box and <b>s</b>	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	he organization qu	alifies as a public	ly supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	sL

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

(Complete only if you checked the box on line 10 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.)

50/	qualify under the tests listed be ction A. Public Support	elow, please comp	lete Part II.)				
	1	(-) 0040	(I-) 0000	/-\ 0004	(-1) 0000	(-) 0000	(6) T-+-I
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	45 970	40 045	45,897.	20 071	38,857.	200 540
	include any "unusual grants.")	45,870.	40,045.	45,697.	38,871.	30,037.	209,540.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	40,260.	43,235.	46,572.	47,066.	57,661.	234,794.
3	Gross receipts from activities that						
	are not an unrelated trade or business 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						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	86,130.	83,280.	92,469.	85,937.	96,518.	444,334.
	Amounts included on lines 1, 2, and	00,130.	03,200.	JZ, 40J.	03,337.	30,310.	111,331.
	3 received from disqualified persons						0.
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.
	: Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						444,334.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	86,130.	(b) 2020 83,280.	(c) 2021 92,469.	(d) 2022 85,937.	(e) 2023 96,518.	444,334.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14.	8.	17.	81.	308.	428.
h	Unrelated business taxable income		-				
_	(less section 511 taxes) from businesses						
	Add lines 10a and 10b	14.	8.	17.	81.	308.	428.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	73.	0.	17.	01.	300.	4200
12	Other income. Do not include gain or loss from the sale of capital		2,400.	855.		18,813.	22,068.
13	assets (Explain in Part VI.)	86,144.	85,688.	93,341.	86,018.	115,639.	466,830.
	First 5 years. If the Form 990 is for th					-	
17		e organization s iii	st, second, triild, r	outin, or militax y	real as a section of	or(c)(3) organizat	ion,
Sec	check this box and stop here ction C. Computation of Publi	ic Support Per	centage			• • • • • • • • • • • • • • • • • • • •	<u></u>
	Public support percentage for 2023 (li			valumn (f))		15	95.18 %
						16	0000
	Public support percentage from 2022 ction D. Computation of Inves					10	99.23 %
	· · · · · · · · · · · · · · · · · · ·			- 10 l (f)		47	.09 %
17	Investment income percentage for 20					17	
18	Investment income percentage from 2					18   0.1/00/ and line 1	,,
198	33 1/3% support tests - 2023. If the						I / is not
b	more than 33 1/3%, check this box are 33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che	ck this box and sto	<b>p here.</b> The organ	nization qualifies as	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a b	oox on line 14, 19a	. or 19b. check th	is box and see ins	tructions	

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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.)

	Yes	No
1		
•		
2		
3a		
- Gu		
3b		
3с		
00		
4a		
4b		
TU		
_		
4c		
_		
5a		
5b		
5c		
6		
7		
-		
8		
9a		
9b		
9c		
30		
10a		
10b		

Par	t IV   Supporting Organizations (continued)			
	, territoria, terr		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, 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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	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		
	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	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 supported organizations played in this regard.	_		
	tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ne)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	113).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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.	2a		
b	Did the activities described on line 2a, above, 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st 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 0.015 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 0.035.	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 0.85 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		I

Lheck here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2023

instructions).

_	dule A (Form 990) 2023 RAINBOW VILLA			0	6-1671138 Page 7
Pai		(a)(3) Supporting Orga	anizations (continu	<u>ued)</u>	
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	15	3	
4	Amounts paid to acquire exempt-use assets	ovide details in Deut VII)		<u>4</u> 5	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		6	
<u>6</u> 7	Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	ho organization is recognize	^	<b>-</b>	
0	(provide details in Part VI). See instructions.	rie organization is responsive	5	8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10	Line o amount divided by line 3 amount	(i)	(ii)	10	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				

Schedule A (Form 990) 2023

8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### Schedule B

Department of the Treasury

(Form 990)

#### **Schedule of Contributors**

INC.

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Internal Revenue Service

Name of the organization

RAINBOW VILLAGE III,

Employer identification number

06-1671138

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization Employer identification number

### RAINBOW VILLAGE III, INC.

06-1671138

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	U.S. DEPARTMENT OF HUD  451 7TH ST. S.W.  WASHINGTON, DC 20410	\$\$857.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	INGING, AUGIESS, MIU ZIF + 4	\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization Employer identification number

### RAINBOW VILLAGE III, INC.

06-1671138

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Employer identification number

RAINBO	OW VILLAGE III, INC.				06-1671138				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	through (e) and the following	na line entry. For a	rganizations					
	Use duplicate copies of Part III if additional		1,000 01 1000	, ,	,				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Desc	cription of how gift is held				
		(e) Transf	er of gift						
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee				
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of c	gift 	(d) Desc	cription of how gift is held				
		(e) Transf	er of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of (	gift 	(d) Desc	cription of how gift is held				
	(e) Transfer of gift								
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of (	gift	(d) Desc	cription of how gift is held				
		(e) Transt	er of gift						
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee				

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RAINBOW VILLAGE III, INC.

Employer identification number 06-1671138

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or <i>F</i>	Accounts. Complete if the
-		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi	-		
	are the organization's property, subject to the organization's ex			
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that gra	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	•		
D-	impermissible private benefit?			
Pa			s" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	`	1	
	Preservation of land for public use (for example, recreation	on or education) L	1	orically important land area
	Protection of natural habitat		Preservation of a cert	tified historic structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contrib	ution in the form of a c	Held at the End of the Tax Year
	day of the tax year.			
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic structure.			2c
a	Number of conservation easements included on line 2c acquire	• • • •		
2	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extilliguished, or i	terminated by the orga	mization during the tax
4	year Number of states where property subject to conservation ease	mont is located		
5	Does the organization have a written policy regarding the period		tion, handling of	
3	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
Ū	Starrand Volunteer near devoted to monitoring, inspecting, in	arraning or violations, ar	ia emereng conservat	non describents defining the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and en	forcing conservation e	asements during the year
	Э, ··-р - · · · Э, · ·-р - · · · · · · · · · · · · · · · ·			
8	Does each conservation easement reported on line 2d above s	satisfy the requirements	s of section 170(h)(4)(B	s)(i)
	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its reve	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education,	, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue	e statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or	r research in furtherand	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				*
2	If the organization received or held works of art, historical treas	sures, or other similar a	ssets for financial gain,	, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			•

Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tr	easures, o	r Other	Similar As	sets(contin	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	make sig	nificant use of	its	
	collection items (check all that apply).								
а	Public exhibition	d		oan or exc	hange progra	m			
b	Scholarly research	е		ther					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how the	ey further t	he organizatio	n's exem	pt purpose in F	Part XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, his	torical trea	sures, or othe	r similar a	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	ollection?			Yes	☐ No
Pai	t IV Escrow and Custodial Arran							V, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for d	contributio	ns or other as	sets not ir	ncluded		
	on Form 990, Part X?						[	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fo						/?	Yes	□ No
	If "Yes," explain the arrangement in Part XIII.					•			
Pai									
	·	(a) Current year		or year			) Three years ba	ck (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
·	and programs								
•	Administrative expenses								
	End of year balance								
g 2	Provide the estimated percentage of the curr	ont year and balance	o (lino 1a	column (	J				
2	Board designated or quasi-endowment			, coluitii (a	a)) Held as.				
a	Permanent endowment	%	_%						
b	·	<sup>90</sup>							
С		-							
0-	The percentages on lines 2a, 2b, and 2c short		. 4 4 4						
Зa	Are there endowment funds not in the posse	ssion of the organiza	ation that	are neid a	ina administer	ea for the	•	Г	Yes No
	organization by:								Yes No
	(i) Unrelated organizations?								
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the		wment fu	ınds.					
Pai	t VI Land, Buildings, and Equipm					D	40		
	Complete if the organization answered								
	Description of property	(a) Cost or ot			or other		umulated	(d) Book	value
		basis (investm	nent)		(other)	depre	eciation	421	- 000
	Land				5,000.		60 445		5,000.
	Buildings				9,584.		50,447.		7,137.
	Leasehold improvements			6	7,649.		26,172.	4:	L,477.
d	Equipment				2 2 4 =		40 04=		
	Other				3,047.	4	43,047.		0.
Tata	Add lines to through to (Column (d) must be	aud Form OOA Dort	V line 10	a column	(D))			6 ผ	5 614

Schedule D (Form 990) 2023

Scriedule D (Form 990) 2023 TOTITION VILL	1100 111, 111	<u> </u>	1071130 Page 0
Part VII Investments - Other Securities	n Form 000 Port IV line	o 11b. Soo Form 000. Bort V. lino 12	
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) DOOK value	(c) Method of Valdation. Cost of en	d-or-year market value
(1) Financial derivatives			
(3) Other			
(A)			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, line 15.	
<b>(a)</b> De	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col.	(R))		
Part X Other Liabilities	(D))		
Complete if the organization answered "Yes" or	n Form 990 Part IV line	e 11e or 11f See Form 990 Part X line 25	5
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			,
(2) TENANT SECURITY DEPOSITS			3,834.
(3)			2,232.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		3,834.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

70110	daic D	(1 cm 600) 2020 ===============================	-		rage i
Pa	rt XI	Reconciliation of Revenue per Audited Financial State	ments With Rever	nue per Return	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total r	evenue, gains, and other support per audited financial statements		1	115,639.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net un	realized gains (losses) on investments	2a		
b	Donate	ed services and use of facilities	2b		
С		eries of prior year grants			
d		(Describe in Part XIII.)			
е		nes <b>2a</b> through <b>2d</b>		2e	0.
3	Subtra	act line 2e from line 1		3	115,639.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add lir	nes <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				115,639.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stat	ements With Expe	enses per Return	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total e	expenses and losses per audited financial statements		1	120,138.
2	Amour	nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donate	ed services and use of facilities	2a		
b	Prior y	ear adjustments	2b		
С	Other	losses	2c		
d		(Describe in Part XIII.)			
е	Add lir	nes <b>2a</b> through <b>2d</b>		2e	0.
3		act line <b>2e</b> from line <b>1</b>			120,138.
4	Amour	nts included on Form 990, Part IX, line 25, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add lir	nes <b>4a</b> and <b>4b</b>		4c	0.
5	Total e	expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)		5	120,138.

#### Part XIII Supplemental Information

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.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

#### PART X, LINE 2:

THE ENTITY ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND THE ENTITY RECOGNIZES A TAX BENEFIT ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT IS RECORDED.

#### **SCHEDULE 0** (Form 990)

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 Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RAINBOW VILLAGE III, INC.

Employer identification number 06-1671138

FORM 990, PART VI, SECTION B, LINE 11B:
LINE 11B EXPLANATION - THE EXECUTIVE AND FISCAL DIRECTORS THOROUGHLY
REVIEW, COMMENT AND APPROVE THE FORM 990 PRIOR TO ITS TIMELY FILING WITH
THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST.

#### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization	Employer identification number
RAINBOW VILLAGE III, INC.	06-1671138

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controllin entity
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
RAINBOW FOUNDATION FUND, INC 43-1740532							
1240 DAUTEL LANE					PROMISE COMMUNITY		
ST. LOUIS, MO 63146	LOW-INCOME HOUSING	MISSOURI	501(C)(3)	170(B)(1)(A)	HOMES		X
RAINBOW VILLAGE II, INC 43-1447836							
1240 DAUTEL LANE					PROMISE COMMUNITY		
ST. LOUIS, MO 63146	LOW-INCOME HOUSING	MISSOURI	501(C)(3)	509(A)(2)	HOMES		X
RAINBOW VILLAGE, INC 43-6071313							
1240 DAUTEL LANE					PROMISE COMMUNITY		
ST. LOUIS, MO 63146	LOW-INCOME HOUSING	MISSOURI	501(C)(3)	509(A)(2)	HOMES		Х
PROMISE COMMUNITY HOMES - 68-0574765							
1240 DAUTEL LANE							1
ST. LOUIS, MO 63146	LOW-INCOME HOUSING	MISSOURI	501(C)(3)	509(A)(2)			Х

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

Schedule R (Form 990) 2023

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organization states at a parameter from the tarripean											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
or related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		tions?	20 of Schedule	partne	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	lo
				l .					<u> </u>		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Citity:	
		country)		,				Yes	No
									1
									1
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Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions with one	or more	related organizations listed	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X	
b	Gift, grant, or capital contribution to related organization(s)				1b		Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х	
	Loans or loan guarantees by related organization(s)				1e		X	
f	Dividends from related organization(s)				1f		X	
g	g Sale of assets to related organization(s)							
h	h Purchase of assets from related organization(s)							
i	i Exchange of assets with related organization(s)							
j	j Lease of facilities, equipment, or other assets to related organization(s)							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х	
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х	
	Sharing of paid employees with related organization(s)				10		Х	
р	Reimbursement paid to related organization(s) for expenses				1p	Х	i	
q	Reimbursement paid by related organization(s) for expenses				1q		Х	
-								
r	Other transfer of cash or property to related organization(s)				1r		Х	
s	Other transfer of cash or property from related organization(s)				1s		Х	
	If the answer to any of the above is "Yes," see the instructions for information on who must co							
	(a) (b) Name of related organization Transatype (	ction	(c) Amount involved	(d) Method of determining amount invo	lved			
(1)	PROMISE COMMUNITY HOMES P		80,000.	FMV				
(2)								
(3)								
(4)								
(5)								
(6)								
20040				Cahadula D	/Earn	- 000	202	

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(t	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners se	Share of	Share of	Dispre	opor- iate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera managi	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.?	total	end-of-year	allocat	ions?	of Schedule K-1	partne	? ownership
	country)	country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes N	0
										$\sqcup$	
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					1			l		1 1	