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 2
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.)
-t 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 990 (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		X

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			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3,7
	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			3,7
	Schedule L, Part I	25b		X
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%			3,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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			3,7
	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			3,7
	"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		X
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		Х
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		- v	
0.5	Part V, line 1	34	Х	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05:		
20	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?	3/		
38		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 † V Statements Regarding Other IRS Filings and Tax Compliance	<u> 1 30 </u>		
. ui	Check if Schedule O contains a response or note to any line in this Part V			
	Shout it deficulte o contains a response of note to any line in this Fait 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 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
	(3	, ,,		

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

				res	NO
2 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				
5 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?		- 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			
а	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		
	Section 4947(a)(1) non-exempt charitable trusts. 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			37					
	officer, director, trustee, or key employee?	2		_X_					
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?	<u>3</u> 4		X					
4	3 7 3 3 3 1								
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,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v						
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			٠٠,٢٥	Jour			/F\
(A)	(B)			Pos	C)	,		(D)	(E)	(F)
Name and title	Average	(do	lo not check more than one ox, unless person is both an					Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	rson Iirecto	is bot or/trus	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	噩			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	trus		ee	nben		1099-NEC)	1099-1420)	and related
	below	lalt	tiona	١.	oldr	yee	_	1033 (420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer of the contract of the	Key employee	Highest compensated employee	Former			organizations
(1) DENNY HAYDEN	2.00	=	=	0	~	工る	Œ			
PRESIDENT	2.00	┨		Х				0.	0.	0.
	2.00			^				0.	0.	0 .
(2) BRENDA WEBER	2.00	-		7.						_
SECRETARY	0.00			Х				0.	0.	0 .
(3) LELE ENGLER	2.00			l						
TREASURER				Х				0.	0.	0
		1								
		1								
	+									
		-								
		-				-				
		4								
		1								
		1								
	+									
		-								
		_	_	_	_		_			
		1								
		_								
		1			l					

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

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) 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 former 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 oon		-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) Description of s	envices		(C Comper		n
	Name and Business		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

		Chook if Schodulo Chooksing a room	20000	r noto to any lin	o in this Dort VIII			
		Check if Schedule O contains a resp	JUI 156 C	i note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenuè éxcluded
							business revenue	
		1						sections 512 - 514
nts	1 a	Federated campaigns1a						
in on	b	Membership dues1b						
S, C	c	Fundraising events1c						
ar i		Related organizations 1d						
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1e	1	38,857.				
Sig	f	All other contributions, gifts, grants, and		7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7				
e E	'							
문원			_					
o p	9		\$		20 057			
<u>a</u> C	h	Total. Add lines 1a-1f	<u></u>		38,857.			
			_ ⊢	Business Code				
Se	2 a	TENANT RENT & CHARGE	:S[531110	57,661.	57,661.		
e <u>Š</u>	b							
S 2	c	;						
am	d	1						
Program Service Revenue	-							
٦ <u>- ٦</u>	f	All other program service revenue						
	'				57,661.			
\dashv	9				37,001.			
	3	Investment income (including dividends		1	200			200
		other similar amounts)			308.			308.
	4	Income from investment of tax-exempt to	oond pr	oceeds				
	5	Royalties						
		(i) Re	al	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	5 · · · · // // // // // // // // // // /						
		Not rental income or (loca)						
		· · · · · · · · · · · · · · · · · · ·		(ii) Other				
	/ a		iiies	(ii) Other				
		assets other than inventory 7a						
	b	Less: cost or other basis						
nu		and sales expenses						
her Revenue	c	Gain or (loss) 7c						
Re	d	Net gain or (loss)						
Jer		Gross income from fundraising events (not						
₹		including \$ of						
		contributions reported on line 1c). See						
			8a					
		Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from fundraising ev						
	9 a	Gross income from gaming activities. Se						
		Part IV, line 19	. 9a					
	b	Less: direct expenses	. 9b					
	c	Net income or (loss) from gaming activiti	ies					
	10 a	Gross sales of inventory, less returns						
		and allowances	10a					
	h	Less: cost of goods sold						
		Net income or (loss) from sales of invent						
		Hot moone or hoss, nom sales of invent		Business Code				
Sn		MISC REVENUE	-	900099	18,813.			18,813.
ne ge				200023	10,013.			10,013.
Miscellaneous Revenue	b							
Se Se	c							
ii ∃i	c	All other revenue	<u>L</u>					
	e	Total. Add lines 11a-11d	<u></u>		18,813.			
	12	Total revenue See instructions			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	Total functional expenses . Add lines 1 through 24e	120,138.	93,451.	26,687.	0.
26	Joint costs. 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 990 (2023)
	0 10 01 02				

Form 990 (2023)
Part X Balance Sheet

Ра	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					(A) Beginning of year		(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					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	oed in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
V	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or othe					
		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, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	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. Complet	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for					
Ħ		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of the		Г	F01 00F	22	E01 00F
_	23	Secured mortgages and notes payable to uni			591,807.	23	591,807.
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	nes 17-24)	. Complete Part X	2 (22		2 024
		of Schedule D			3,633.		3,834.
	26	Total liabilities. Add lines 17 through 25			706,049.	26	597,665.
S		Organizations that follow FASB ASC 958, o	heck her	e X			
20		and complete lines 27, 28, 32, and 33.			27 700		122 075
ala	27				27,799.	27	132,875.
В	28	Net assets with donor restrictions				28	
뒫		Organizations that do not follow FASB ASC	; 958, che	eck here			
Net Assets or Fund Balances		and complete lines 29 through 33.	-1-				
ets	29	Capital stock or trust principal, or current fund				29	
SS	30	Paid-in or capital surplus, or land, building, or				30	
et /	31	Retained earnings, endowment, accumulated			27,799.	31	132,875.
Ž	32	Total net assets or fund balances			733,848.	32	730,540.
	33	Total liabilities and net assets/fund balances			133,040.	33	/30,340.

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. 99.			
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments							
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 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 sectio	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 descrit	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 section 509(a)(1) o	r section (509(a)(2).	See section 5	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	* *	rially 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) = 114	(described on lines 1-10	in your governi	ng document?	support (see in	,	support (see instructions)
		g		above (see instructions))	Yes	No			1
r _{at} ,									

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) 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) 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 instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2023 (14	<u>%</u>
	5 Public support percentage from 2022 Schedule A, Part II, line 14						
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact				· ·	VI how the organiz	ation
_	meets the facts-and-circumstances to	~		• • •			
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ		-				H
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	s

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)	(a) 2019	(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) 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>		
	-			valumn (f))		15	95.18 %		
	20 00								
	ction D. Computation of Inves					16	99.23 %		
	· · · · · · · · · · · · · · · · · · ·			- 10 l (f)		47	.09 %		
	, and the second								
18	18 Investment income percentage from 2022 Schedule A, Part III, line 17								
198							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	p here. 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)			
	, (Section 2)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	,		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
	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 Part VI the role the organization's supported organizations played in this regard.			
	tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	nc)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	113).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
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) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	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 Part VI):			
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		

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				
	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	^	-	
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 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 A	Accounts. Complete if the
-		(a) Donor advise	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 w	-		
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad	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 I\	/, line 7.
1	Purpose(s) of conservation easements held by the organization	`	1	
	Preservation of land for public use (for example, recreati	on or education)	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	onservation easement on the last 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 struc			2c
a	Number of conservation easements included on line 2c acquir	• • • •		
2	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or	erminated by the orga	mization during the tax
4	year Number of states where property subject to conservation ease	oment is located		
5	Does the organization have a written policy regarding the period		ion handling of	
3	violations, and enforcement of the conservation easements it I			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		nd enforcing conservat	
Ū	Starrand Volunteer Hours devoted to Monitoring, inspecting, in	iarraning or violations, ar	ia emerenig conservat	non describents defining the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and en	forcing conservation e	asements during the year
	3,	.	g	
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	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its rev	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education	, or research in further	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 balan	ce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, o	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	nued)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	make sig	nificant use of	fits	
	collection items (check all that apply).								
а	Public exhibition	d		oan or exc	hange progra	m			
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how the	ey further t	he organizatio	n's exem	pt purpose in l	Part XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, his	torical trea	sures, or othe	er similar a	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of the	he organ	ization's co	ollection?			Yes	☐ No
Pai	t IV Escrow and Custodial Arrang							V, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for o	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 a								
								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	(b) Pr	ior year	(c) Two years	s back (d) Three years ba	ack (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								
f	Administrative expenses								
	End of year balance								
g 2	Provide the estimated percentage of the curr	ont year and balance	o (lino 10	s column (J				
2	Board designated or quasi-endowment			j, coluitii (a	a)) Held as.				
a	Permanent endowment	%	_%						
b		⁹⁰							
С		-							
0-	The percentages on lines 2a, 2b, and 2c should be a sh								
Зa	Are there endowment funds not in the posses	ssion of the organiza	ation that	t are neid a	ina administer	rea for the)	Г	Yes No
	organization by:								Yes No
	(i) Unrelated organizations?							a	
_	If "Yes" on line 3a(ii), are the related organizar				·			3b	
4	Describe in Part XIII the intended uses of the		wment to	unds.					
Pai	t VI Land, Buildings, and Equipm		. David IV	Bandda (Cas Farms 000	David V. III	10		
	Complete if the organization answered		·				T T		
	Description of property	(a) Cost or ot			or other		umulated	(d) Book	k value
		basis (investm	nent)		(other)	depre	eciation	1 2 1	- 000
	Land				5,000.	A /	50 447		$\frac{5,000}{0.137}$
	Buildings				9,584.		50,447.		9,137.
	Leasehold improvements			6	7,649.		26,172.	4.	1,477.
	Equipment				2 0 4 17		42 047		
	Other				3,047.		43,047.	C 0 1	0. 5.614.
Total	Add lines to through to (Column (d) must be	aud Form OOA Dort	V lina 10	la aalumn	(D))			יאא	2 n l 4

Schedule D (Form 990) 2023

Scriedule D (Form 990) 2023 TELLITOW VIDE	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.	
(a) 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 2a through 2d		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 4a and 4b		4c	0.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	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 2a through 2d		2e	0.
3		act line 2e from line 1			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 4a and 4b		4c	0.
5	Total e	expenses. Add lines 3 and 4c. (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	g) 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.

Significance to a particular gains take your												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Legal domicile	Direct controlling entity	t controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total		Disproportionate		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	allocations?		20 of Schedule	partne	ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0	
	1											
	1											
	1											
	1											
											 	
	1											
	1											
				l .								

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	CITA	
		country)		,				Yes	No
	1								
	1								
	1								
	1								
	I	1							

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 r	elated 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		Х		
g	Sale of assets to related organization(s)				1g		Х		
h	Purchase of assets from related organization(s)				1h		Х		
i	Exchange of assets with related organization(s)				1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
k	k Lease of facilities, equipment, or other assets from related organization(s)								
	I Performance of services or membership or fundraising solicitations for related organization(s)								
	m Performance of services or membership or fundraising solicitations by related organization(s)								
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) 								
p Reimbursement paid to related organization(s) for expenses									
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 Transa type (control or control or contr	action	(c) Amount involved	(d) Method of determining amount invo	olved				
(1)	PROMISE COMMUNITY HOMES P		80,000.	FMV					
(2)									
(3)									
(4)									
(5)									
(6)									
20040				Cahadula D	/Farm	- 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)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners se	Share of	Share of	Dispro	por- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total	end-of-year	allocat	ions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes N	0