EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

А	LOL INE	e 2023 calendar year, or tax year beginning and	a enaing						
В	Check if applicabl	C Name of organization		D Employer identific	cation number				
	Addre								
	Name chang	Doing business as		43-60713	13				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r				
	Final return/								
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	1	(314) 56 G Gross receipts \$	344,804.				
	Amend			H(a) Is this a group re					
	Applic			for subordinates					
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	····· — —				
$\overline{\mathbf{T}}$	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1	or 527	- 1 ' '	list. See instructions				
_	Websit		, s. <u> </u>	H(c) Group exemptio					
		organization: X Corporation Trust Association Other	I Year		State of legal domicile: MO				
	art I	Summary		oriorination: = • • • I	Totale of logal doffilolio, == •				
		Briefly describe the organization's mission or most significant activities: LOW	INCOME	E HOUSING FO	R THE				
Activities & Governance	'	DISABLED ELDERLY.			<u></u>				
rna	2	Check this box if the organization discontinued its operations or disp	osed of mor	e than 25% of its net as	ssets.				
o Ve	3			3	3				
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			3				
တ္		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0				
iţie		Total number of volunteers (estimate if necessary)			0				
댫		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
	 ~			Prior Year	Current Year				
•	8	Contributions and grants (Part VIII, line 1h)		168,811.	172,241.				
ž	9	Program service revenue (Part VIII, line 2g)		164,732.	170,856.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		352.	1,707.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		333,895.	344,804.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
'n	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		144,337.	107,105.				
Se	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25)	0.						
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		209,463.	244,093.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		353,800.	351,198.				
		Revenue less expenses. Subtract line 18 from line 12		-19,905.					
Or or	3	Teveride 1000 experience. Cabitaet into 10 front into 12	Be	eginning of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)		786,828.	770,823.				
ASS	21	Total liabilities (Part X, line 26)		678,806.	476,607.				
Net I	22	Net assets or fund balances. Subtract line 21 from line 20		108,022.	294,216.				
P	art II	Signature Block		,					
		Ities of perjury, I declare that I have examined this return, including accompanying schedu	les and statem	nents, and to the best of m	v knowledge and belief, it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of v			,, ,				
	,	7 (
Sig	ın	Signature of officer		Date					
He		CHRIS BARBOUR, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Pai	d	SHAWN D. DREIMAN, CPA SHAWN D. DREIMA	N, CP		P00380913				
	parer	Firm's name CNA TAX PROFESSIONALS, INC.	,		5-2102008				
	Only	Firm's address 10475 CROSSPOINT BOULEVARD, SUIT	TE 200	THIII SEIN S					
		INDIANAPOLIS, IN 46256		Phone no 31	7-841-3393				
Ma	v the I	RS discuss this return with the preparer shown above? See instructions		11 Holle Ho. 5 ±	X Yes No				
ivia	y 1110 II				103 110				

	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 DEV DISABILITIES BY PROVIDING SAFE AND AFFORDABLE HOMES.	ELOPMENTAL
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	L 165 [22] NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as mean Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the revenue, if any, for each program service reported.	
4a	0.0 7.1	170,856. BLED ADULTS
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 268,731.	

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
4	public office? If "Yes," complete Schedule C, Part I	3		Λ
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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	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			. v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>			22
8	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
3	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			_ v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	110		
ŭ	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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	11.0		
	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		X
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			\ _{3,7}
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20~	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	• ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			

Part IV C	hecklist	of Req	uired S	chedules	(continued
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			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		Х
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			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	. .	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		 ^ `
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>		

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

		_		Yes	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	0								
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	·····- }	2b		v					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		4a		x					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
D	If "Yes," enter the name of the foreign country	— I								
E-0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		E		Х					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any tayable party potify the organization that it was are is a party to a prohibited tax shelter transaction?		5a 5b		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic		30							
ou	any contributions that were not tax deductible as charitable contributions?		6a		Х					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	·····								
~	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 services provided to the partly as a contribution and partly for goods are services provided to the partly as a contribution and partly for goods are services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly as a contribution a	pavor?	7a		х					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?		7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require	d?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109	98-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?		8							
9	Sponsoring organizations maintaining donor advised funds.									
а	, , , , , , , , , , , , , , , , , , , ,		9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990. Part VIII, line 12, for public use of club facilities 10b	-								
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	\dashv								
	Gross income from members or shareholders									
	Gross income from other sources. (Do not net amounts due or paid to other sources against	\neg								
~	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	İ								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	Г	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.									
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									
	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				v					
	excess parachute payment(s) during the year?		15		X					
40	If "Yes," see the instructions and file Form 4720, Schedule N.		46		v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X					
47	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 activities		47							
	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 6a, 6b, or 10b below, describe the circumstances, processes, or changes on schedule 6. 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	1		
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	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			
	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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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			
	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			
	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:			
а	The governing body?	8a	Х	
	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			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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		
11a	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.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	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			
	taxable entity during the year?	16a		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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, ar	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.

Name and title X Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npe	nsat	ed any current officer,	director, or trustee.		
hours per week (list any hours for related organizations below line) (1) CHRIS BARBOUR PRESIDENT (1) LELE ENGLER TREASURER (3) MIKE GARDNER (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (multiportation from related organizations (W-2/1099-MISC/ 1099-NEC) 1099-NEC) 1099-NEC) 1099-NEC) 1099-NEC) 1099-NEC) 0		(B) (C)						(F)			
hours per week (list any hours for related organizations below line) (1) CHRIS BARBOUR PRESIDENT (2) LELE ENGLER TREASURER (3) MIKE GARDNER (Ist any hours for related organizations below line) (1) MIKE GARDNER (Ist any hours for related organizations below line) (Ist any hours for related organizations below line) (Ist any hours for related organization organization line) (Ist any hours for related organization (W-2/1099-MISC/ 1099-NEC) (Ist any hours for related organization (W-2/1099-MISC/ 1099-NEC) (Ist any hours for related organization (W-2/1099-MISC/ 1099-NEC) (Ist any hours for related organization organization and related organizations (In Chris Barbour line) (Ist any hours for related organization (W-2/1099-MISC/ 1099-NEC) (Ist any hours for related organization organization organization organization and related organizations (In Chris Barbour line) (Ist any hours for related organization (W-2/1099-MISC/ 1099-NEC) (Ist any hours for related organization (W-2/1099-MISC/ 1099-NEC) (Ist any hours for related organization (W-2/1099-MISC/ 1099-NEC) (Ist any hours for related organization organization organization organization organization and related organization organiza	Name and title	Average	(do	not c	Pos heck	ition	than	one	Reportable	Reportable	Estimated
(list any hours for related organizations below line) (1) CHRIS BARBOUR PRESIDENT (2) LELE ENGLER TROM Granization (list any hours for related organizations below line) X			box	, unle	ss pe	rson	is bot	h an		· ·	
(1) CHRIS BARBOUR 2.00 X 0. 0. 0. PRESIDENT X 0. 0. 0. (2) LELE ENGLER X 0. 0. 0. TREASURER X 0. 0. 0. (3) MIKE GARDNER 2.00 0. 0. 0.			\vdash	Corar	10 0	111000)/ u us	1			
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(1) CHRIS BARBOUR 2.00 X 0. 0. 0. PRESIDENT X 0. 0. 0. (2) LELE ENGLER X 0. 0. 0. TREASURER X 0. 0. 0. (3) MIKE GARDNER 2.00 0. 0. 0.			e or c	stee			satec		(W-2/1099-MISC/		
(1) CHRIS BARBOUR 2.00 X 0. 0. 0. PRESIDENT X 0. 0. 0. (2) LELE ENGLER X 0. 0. 0. TREASURER X 0. 0. 0. (3) MIKE GARDNER 2.00 0. 0. 0.			truste	al trus		yee	mpen			10001120)	
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(2) LELE ENGLER 2.00 TREASURER X (3) MIKE GARDNER 2.00	(1) CHRIS BARBOUR	2.00									
TREASURER	PRESIDENT				Х				0.	0.	0.
(3) MIKE GARDNER 2.00	(2) LELE ENGLER	2.00									
	TREASURER				Х				0.	0.	0.
SECRETARY X 0. 0. 0. 0.	(3) MIKE GARDNER	2.00							_	_	_
	SECRETARY				Х				0.	0.	0.
			1								
			\mathbf{I}								
			1								
			1								
			1								

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

(A)									(F)				
Name and title	Average hours per week	box	not c , unle	Pos heck ess pe	itior more	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related		an	stimate nount other	
	(list any hours for related	Individual trustee or director	rustee			oensated		the organization (W-2/1099-MISC/	organizations (W-2/1099-MIS 1099-NEC)		fr org	pensa om the anizat	e ion
	organizations below line)	Individual tru	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)			l	d relat anizati	
		_											
		_											
4h Cubintal								0.		0.			0.
1b Subtotal c Total from continuation sheets to Part	VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c) Total number of individuals (including but								0 • eceived more than \$100	,000 of reportabl	0. e			0.
compensation from the organization												Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			•	•	•	•	_	ghest compensated emp	-		3		Х
4 For any individual listed on line 1a, is the and related organizations greater than \$*	•							•	•		4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co	=				-		elat	ed organization or indiv			5		Х
Section B. Independent Contractors 1 Complete this table for your five highest	compensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100.000 of com	pens	ation 1	from	
the organization. Report compensation for		-						n the organization's tax					
(A) Name and busine	ss address	N	ІИС	E				(B) Description of s	services	C	(C Compe		n
							_						
							_						
							_						
Total number of independent contractors		not li	mite	d to		^	stec	d above) who received n	nore than				
\$100,000 of compensation from the orga	nization					0							

43-6071313 RAINBOW VILLAGE, INC. Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 172,241. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 172,241. h Total. Add lines 1a-1f **Business Code** 170,856. 531110 170,856. 2 a TENANT RENT & CHARGES Program Service Revenue С f All other program service revenue 170,856. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,707. 1,707. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue

344,804.

170,856.

e Total. Add lines 11a-11d

Total revenue. See instructions

Part IX | Statement of Functional Expenses

3601	Check if Schodulo O contains a respon	·		· · · · · · · · · · · · · · · · · · ·	
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				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above to disqualified				
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	87,538.	42,946.	44,592.	
8	Pension plan accruals and contributions (include	3.,333.	,510.	,	
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	13,145.	13,145.		
10	Payroll taxes	6,422.	6,422.		
11	Fees for services (nonemployees):				
	Management	19,750.		19,750.	
	Legal	•			
	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 O.)				
12	Advertising and promotion				
13	Office expenses	15,045.	5,220.	9,825.	
14	Information technology				
15	Royalties	101 201	0.0.4.0.1	2 2 2 2	
16	Occupancy	101,371.	97,471.	3,900.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,018.	24,018.		
20	Interest	44,U10.	44,U10.		
21	Payments to affiliates	34,406.	34,406.		
22	Depreciation, depletion, and amortization	45,103.	45,103.		
23 24	Insurance Other expenses. Itemize expenses not covered	±3,±03•	±3,±03•		
24	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.)				
a b					
c d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	351,198.	268,731.	82,467.	0.
26	Joint costs. Complete this line only if the organization	,		,	
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0.10.01.02				Form 990 (2023)

Form 990 (2023)

Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,809.	1	6,073.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	799.	4	1,025.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
şţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	1,410.	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,255,419	2		
	b	Less: accumulated depreciation 10b 1,678,539	 	10c	576,880.
	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	1 0 = 0	13	4 560
	14	Intangible assets	1,859.	14	1,562.
	15	Other assets. See Part IV, line 11		15	185,283.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	100	16	770,823.
	17	Accounts payable and accrued expenses		17	13,397.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lial		controlled entity or family member of any of these persons	435,226.	22	413,903.
	23	Secured mortgages and notes payable to unrelated third parties	433,220.	23	413,903.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	48,191.	25	49,307.
	26	of Schedule D Total liabilities. Add lines 17 through 25	678,806.		476,607.
	20	Organizations that follow FASB ASC 958, check here	070,000.	20	470,007.
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	108,022.	27	294,216.
Bal	28	Net assets with donor restrictions		28	
pu		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	108,022.	32	294,216.
_	33	Total liabilities and net assets/fund balances	786,828.	33	770,823.
			•		•

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			4,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,1	
3	Revenue less expenses. Subtract line 2 from line 1	3			6,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		10	8,0	22.
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		19	2,5	88.
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		29	4,2	16.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		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					
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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			
	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	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	0.			
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?			3а		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit			
	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

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RAINBOW VILLAGE. INC

Employer identification number

			BOW VILLAG	•			4	3-0071313
Pa	rt I	Reason for Public (Charity Status.	All organizations must o	omplete tl	nis part.) S	See instructions.	
he.	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1)(A)(i).	
2		A school described in secti						
3		A hospital or a cooperative				(b)(1)(A)(i	ii).	
4		A medical research organiz					-	the hospital's name.
•		city, and state:	anon operated in co.	njanotion with a noopita	. 400011501			and mospital o marilo,
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a d	overnmental unit describ	ned in
3				nege of drilversity owner	u or opera	led by a g	overimental unit descri	Jed III
_		section 170(b)(1)(A)(iv). (C				70/I-\/4\/A\	6.3	
6	H	A federal, state, or local gov	-					
7		An organization that norma	•	ntial part of its support t	rom a gov	ernmentai	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co	· ·					
8	Н	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	. Enter the	name, city	y, and state of the collec	je or
		university:						
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	nplete Part III.)					
11		An organization organized a		ively to test for public sa	afety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	· ·	•	•		· · · · · · · · · · · · · · · · · · ·	
		lines 12a through 12d that						
а		Type I. A supporting orga	• •			•		, aivina
_		the supported organization	· · · · · · · · · · · · · · · · · · ·		•			
		organization. You must c			a majority	or the dire		supporting
b		Type II. A supporting orga			tion with it	e eunnort	ed organization(s), by ha	evina
b			· ·					-
		control or management o			arrie perso	JIIS IIIAI CO	of that age the sup	pported
_		organization(s). You mus				. حادثان مادنا		ما المان الم
C		Type III functionally inte						ea with,
		its supported organization		•				
d		☐ Type III non-functionally					• • • • • •	* *
		that is not functionally int	-		•		•	riveness
		requirement (see instructi	,	•				
е		Check this box if the orga					a Type I, Type II, Type III	
		functionally integrated, or		nally integrated support	ing organi	zation.		
f		er the number of supported of	•					
g		vide the following information			(iv) Is the orga	nization lieted	[() () () () () () () () () (1 6 3 A
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See motifications)	Support (See metradions)
	.1							

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 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	t - 2023. 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 stop he	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 s	top here. 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 beat ction A. Public Support	elow, please comp	olete Part II.)				
		(-) 0040	(I-) 0000	(-) 000d	/-I\ 0000	(-) 0000	(6) T-+-1
	endar 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	100 711	170 752	173,865.	168,811.	172,241.	002 201
	include any "unusual grants.")	198,711.	178,753.	1/3,003.	100,011.	1/2,241.	892,381.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	131,829.	127,573.	138,878.	164,732.	170,856.	733,868.
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						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	330,540.	306,326.	312,743.	333,543.	343,097.	1,626,249.
	Amounts included on lines 1, 2, and		,	/			
,,	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						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						1,626,249.
	• • • • • • • • • • • • • • • • • • • •	() 0040	# \ 0000	() 0004	(D 0000	() 0000	(n = 1)
	endar year (or fiscal year beginning in)	(a) 2019 330, 540.	(b) 2020 306,326.	(c) 2021 312, 743.	(d) 2022 333,543.	(e) 2023 343,097.	(f) Total
	Amounts from line 6	330,340.	300,320.	314,743.	333,343.	343,037.	1,626,249.
108	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	288.	120.	91.	352.	1,707.	2,558.
	Unrelated business taxable income	2001	1200	711	3321	2,7074	273301
	(less section 511 taxes) from businesses acquired after June 30, 1975						
		288.	120.	91.	352.	1,707.	2,558.
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	200.	120.	91.	332.	1,707.	2,550.
12	Other income. Do not include gain or loss from the sale of capital		F4 040	F 001			FO 041
	assets (Explain in Part VI.)	220 000	54,840.	5,001.	222 005	244 004	59,841.
	Total support. (Add lines 9, 10c, 11, and 12.)	330,828.	361,286.	317,835.	333,895.	344,804.	1,688,648.
14	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	i01(c)(3) organizati	on,
_	check this box and stop here	 	-				<u></u>
	ction C. Computation of Publ						06 20
	Public support percentage for 2023 (I			column (f))		15	96.30 %
	Public support percentage from 2022					16	96.51 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17						17	.15 %
18	Investment income percentage from 2					18	.07 %
19a	33 1/3% support tests - 2023. If the						
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2022. If the						and X
	b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
	line 18 is not more than 33 1/3%, che	ch tills box and st	op nere. The organ	nization qualines a	is a publicly suppo	rted organization	

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		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
ulo	10b	n 000	

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 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			
	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		
	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.

Sche	edule A (Form 990) 2023 RAINBOW VILLAGE, INC.			43-6071313 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	-
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e 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		

emergency temporary reduction (see instructions).

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

5

Schedule A (Form 990) 2023

5 Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10

<u></u>	Line o amount divided by line 3 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) 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			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	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.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
<u>e</u>	Excess from 2023			
			_	

Schedule A (Form 990) 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, INC.

Employer identification number 43-6071313

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the		
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.			
	(a) Donor advised funds (b) Funds and other a				
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	writing that the assets held in donor advi	sed funds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring		
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).			
	Preservation of land for public use (for example, recrea	ation or education)	f a historically important land area		
	Protection of natural habitat	Preservation o	f a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form			
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic str		2c		
d	Number of conservation easements included on line 2c acqu				
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax		
	year				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the pe				
_	violations, and enforcement of the conservation easements in				
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, and enforcing cor	servation easements during the year		
7	Amount of evapones included in monitoring inspecting home	dling of violations, and enforcing concern	ation accompate duving the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and emorcing conserv	ation easements during the year		
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170	(h)(/)(R)(i)		
Ü	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservat				
Ū	balance sheet, and include, if applicable, the text of the foot	· ·			
	organization's accounting for conservation easements.	note to the organization o infariolal states.	ionio mai decembee me		
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.		
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works		
	of art, historical treasures, or other similar assets held for pul				
	service, provide in Part XIII the text of the footnote to its fina				
b	If the organization elected, as permitted under FASB ASC 95				
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	herance of public service,		
	provide the following amounts relating to these items.		•		
	(i) Revenue included on Form 990, Part VIII, line 1		\$		
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical tre				
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1		\$		
h	Assets included in Form 990 Part Y		\$		

Pai	t III Organizations Maintaining Col	lections of Art	t, Histo	rical Tr	easures, c	or Othe	r Simil	ar Asse	ts (continu	ued)
3	Using the organization's acquisition, accession,	, and other records	s, check	any of the	following tha	t make s	ignificant	use of its		
	collection items (check all that apply).									
а	Public exhibition	d		oan or exc	hange progra	am				
b	Scholarly research	е		ther						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explain	how the	y further t	he organization	on's exer	npt purp	se in Par	t XIII.	
5	During the year, did the organization solicit or re									
	to be sold to raise funds rather than to be maint				•				Yes	☐ No
Pai	t IV Escrow and Custodial Arrange								ine 9, or	
	reported an amount on Form 990, Part X	(, line 21.								
1a	Is the organization an agent, trustee, custodian	, or other intermed	liary for c	ontributio	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and									
	, 1		3						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Form								Yes	□ No
	If "Yes," explain the arrangement in Part XIII. Ch						•			
Pai										
	·	a) Current year		or year	(c) Two year			ears back	(e) Four	years back
12	Beginning of year balance	, ,	. ,		, ,	<u> </u>	, ,		,	
	Contributions									
	Net investment earnings, gains, and losses									
C C	Grants or scholarships	+								
е	Other expenditures for facilities									
	and programs	+								
	Administrative expenses									
g	End of year balance		/II. 4		\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
2	Provide the estimated percentage of the curren	t year end balance		, column (a	a)) neid as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%									
_	The percentages on lines 2a, 2b, and 2c should	•								
За	Are there endowment funds not in the possessi	ion of the organiza	tion that	are held a	nd administe	red for th	ne		Г	V N-
	organization by:									Yes No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?									
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the or		vment fu	nds.						
Pai	t VI Land, Buildings, and Equipmer									
	Complete if the organization answered "	Yes" on Form 990,	, Part IV,	line 11a. S	See Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or otl		(b) Cost	or other	٠,	cumulate	ed	(d) Book	value
		basis (investm	ent)		(other)	dep	reciation			
1a	Land				1,020.					.,020.
b	Buildings			1,97	1,134.	1,4	05,2	74.	565	,860.
С	Leasehold improvements									
d	Equipment									
	Other			27	3,265.	2	273,2	65.		0.
Tota	Add lines to through to (Column (d) must equi	al Form 990 Part	/ line 10	c column	(B))				576	880.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 RAINBOW VIL	LAGE, INC.	43	B-6071313 Page 3
Part VII Investments - Other Securities			Ÿ
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(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"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(b) Book value	(c) Mothed of Valuation. Cool of Cit	a or year market value
(1)			
(2) (3)			
(4)			
(5)		<u> </u>	
(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"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) SECURITY DEPOSITS			9,822.
(2) RESERVE FOR REPLACEMENTS			126,070.
(3) RESIDUAL RECEIPTS			49,391.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		185,283.
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	-
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			0.666
(2) SECURITY DEPOSITS			8,666.
(3) MISCELLANEOUS LONG TERM			10 611
(4) LIABILITIES			40,641.
(5)			
(6)			-
(7)			
(8)			I

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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

49,307.

(9)

Pai	art XI Reconciliation of Revenue per Audited Final	ncial Statements With Revenue per R	eturr	า
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial state	ements	1	344,804
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
	Recoveries of prior year grants			
	d Other (Describe in Part XIII.)			
			2e	0
3	Subtract line 2e from line 1		3	344,804
4	Amounts included on Form 990, Part VIII, line 12, but not on line			
а	Investment expenses not included on Form 990, Part VIII, line 7b	I I		
	Other (Describe in Part XIII.)			
			4c	0
5			5	344,804
	art XII Reconciliation of Expenses per Audited Fina		Retu	irn
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	351,198
2				-
а	Donated services and use of facilities	2a		
	Prior year adjustments			
	Other losses			
	d Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0
3			3	351,198
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			, ,
	Investment expenses not included on Form 990, Part VIII, line 7b	1 1		
	Other (Describe in Part XIII.)	- I		
			4c	0
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, F		5	351,198
	art XIII Supplemental Information	<u>u., ,</u>	ت	,
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lin	es 1a and 4: Part IV. lines 1b and 2b: Part V. line	 4: Part	X. line 2: Part XI.
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to		,	, , ,
	, , , , , , , , , , , , , , , , , , , ,			
PAI	RT X, LINE 2:			
ΓHΙ	E ENTITY ADOPTED ACCOUNTING FOR U	NCERTAINTY IN INCOME TAXE	S,	AND THE
EN'	TITY RECOGNIZES A TAX BENEFIT ONLY	Y IF IT IS MORE LIKELY TH	AN :	NOT THE TAX
POS	SITION WOULD BE SUSTAINED IN A TAX	K EXAMINATION, WITH A TAX	EX.	AMINATION
BE:	ING PRESUMED TO OCCUR. THE AMOUNT	RECOGNIZED IS THE LARGES	T A	MOUNT OF
ГΑΣ	X BENEFIT THAT IS GREATER THAN 509	LIKELY OF BEING REALIZE	D 0	N
EXA	AMINATION. FOR TAX POSITIONS NOT 1	MEETING THE MORE-LIKELY-T	HAN	-NOT TEST,
	A MAY DENHETH TO DESCRIPE			
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, INC.

Employer identification number 43-6071313

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.	
B EXPLANATION - THE EXECUTIVE AND FISCAL DIRECTORS THOROUGHLY COMMENT AND APPROVE THE FORM 990 PRIOR TO ITS TIMELY FILING WITH ERNAL REVENUE SERVICE. 0, PART VI, SECTION C, LINE 19:	
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 RAINBOW VILLAGE, INC.

Employer identification number 43-6071313

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(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
	1				

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 III, INC 06-1671138							
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

	11 00 0 40 1 10 10 T 11 D 1 10 4		"' " - 000	D 1 11 / 11 O 1		
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.	1 3	<i>'</i>	, ,		
	organizations treated as a partitioning during the tax year.					

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Predominant income Share of total Share of Dispressionts Code		Diagrapartianeta			Genera	orPercentage		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	lo

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 Sec	i)
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	512(b contr enti	o)(13) rolled ity?
		country)						Yes	No
									1
									l
									l
									l
									1
									1
									l
									1
									1
									ĺ

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1	During the tax year, did the organization engage in any of the following transactions wi	rith one or more re	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
е	Loans or loan guarantees by related organization(s)				1e	Х	
f	Dividends from related organization(s)				1f		Х
	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		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organizations				11		Х
	n Performance of services or membership or fundraising solicitations by related organizations				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s	(s)			1n		Х
0	Sharing of paid employees with related organization(s)				10		Х
	Reimbursement paid to related organization(s) for expenses				1p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q		X
	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who	must complete th	nis line, including covered	relationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
1)]	PROMISE COMMUNITY HOMES	P	308,000.	FMV			
2)							
3)							
4)							
5)							
6)							
3216	3 09-28-23			Schedule I	₹ (Forr	n 990)	2023

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																																															
																	ļ																									1	1		1		1											