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

CLIENT'S COPY

COMERNOWLING 10475 CROSSPOINT BOULEVARD, SUITE 200 INDIANAPOLIS, IN 46256

NOVEMBER 8, 2022

RAINBOW FOUNDATION FUND, INC. 1240 DAUTEL LANE ST. LOUIS, MO 63146

RAINBOW FOUNDATION FUND, INC .:

ENCLOSED IS THE ORGANIZATION'S 2021 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2022.

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

SINCERELY,

COMERNOWLING

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2021

Prepared for	RAINBOW FOUNDATION FUND, INC. 1240 DAUTEL LANE ST. LOUIS, MO 63146
Prepared by	CNA TAX PROFESSIONALS, INC. 10475 CROSSPOINT BOULEVARD, SUITE 200 INDIANAPOLIS, IN 46256
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2022.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning	, 2021, and ending	, 20

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information.

Name of filer RAINBOW FOUNDATION FUND, INC.

43-1740532

EIN or SSN

ERIN EBERHARD Name and title of officer or person subject to tax

EXECUTIVE DIRECTOR

Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more

nan or	ne line in Part I.		
1a	Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 436,513
2a	Form 990-EZ check here >	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here >	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line	e 22) 10b
Part	II Declaration and Signat	ure Authorization of Officer or Person Subject to Tax	
Inder	penalties of perjury, I declare that $oxed{X}$	I am an officer of the above entity or I am a person subject to tax	with respect to (name
f entit	y)	, (EIN) and the	nat I have examined a copy of the
omple	ete. I further declare that the amount in	edules and statements, and, to the best of my knowledge and belief, t Part I above is the amount shown on the copy of the electronic return. electronic return originator (ERO) to send the return to the IRS and to re	I consent to allow my

2 acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: che	ck one	box	only
----------	--------	-----	------

X I authorize	CNA	TAX	PROFESSIONALS,	INC.	to enter my PIN	26597	
			ERO fir	m name		Enter five numbers, bu do not enter all zeros	t

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

🛘 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Part III **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

35473808606 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► CNA TAX PROFESSIONALS, INC.

Date > 11/08/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print RAINBOW FOUNDATION FUND, INC. 43-1740532 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1240 DAUTEL LANE return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. LOUIS, MO 63146 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 JOELLE FOUSE The books are in the care of ► 1240 DAUTEL LANE - ST. LOUIS, MO 63146 Telephone No. ► (314) 785-0406 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this __l. If it is for part of the group, check this box ▶ ____ and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2022, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form **8868** (Rev. 1-2022)

instructions.

EXTENDED TO NOVEMBER 15, 2022

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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

A F	or the	2021 calendar year, or tax year beginning and	ending	_	
B (Check if upplicable	C Name of organization		D Employer identific	cation number
	Addres	RAINBOW FOUNDATION FUND, INC.			
	Name change			43-17405	32
F	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 1240 DAUTEL LANE	Room/suite	E Telephone numbe (314) 78	r 5-0406
	⊣return/ termin ated			G Gross receipts \$	436,513.
	Ameno			H(a) Is this a group re	
	Applic			for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{1}$	Гах-ехе	empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)(1)	or 527	■	list. See instructions
		e: ► NA		H(c) Group exemptio	
K	orm of	organization: X Corporation Trust Association Other	L Year		State of legal domicile: MO
	art I	Summary		·	
-8	1	Briefly describe the organization's mission or most significant activities: ${\color{red} { ext{INVE}}}$	STMENT	MANAGEMENT	& SUPPORT
Governance				- the 050/ ite	
ver	I	Check this box if the organization discontinued its operations or dispo Number of voting members of the governing body (Part VI, line 1a)		1 1	8
		Number of independent voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			8
o ک		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
itie	I	Total number of volunteers (estimate if necessary)			0
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	l ~			Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		0.	0.
nue		Program service revenue (Part VIII, line 2g)	0.	0.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		285,243.	436,513.
ď		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)		285,243.	436,513.
		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.
Ś		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Kpe		Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,623.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,623.	15,828.
	19	Revenue less expenses. Subtract line 18 from line 12		271,620.	420,685.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		4,846,269.	5,562,969.
t As	21	Total liabilities (Part X, line 26)		0.	0.
		Net assets or fund balances. Subtract line 21 from line 20		4,846,269.	5,562,969.
_	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
		Signature of officer		 Date	
Sig				Date	
Her	е	ERIN EBERHARD, EXECUTIVE DIRECTOR Type or print name and title			
				Date Check	PTIN
De!		Print/Type preparer's name Preparer's signature Preparer's Signature	I .	Check Lif self-employe	
Paid		SHAWN D. DREIMAN, CPA SHAWN D. DREIMA	IN, CPI	L / UO / 44 self-employe	P00380913 35-2102008
	parer Only	Firm's name CNA TAX PROFESSIONALS, INC. Firm's address 10475 CROSSPOINT BOULEVARD, SUI	ጥፑ ጋበባ		JJ-7T07000
USE	Unity	Firm's address 10475 CROSSPOINT BOULEVARD, SUI INDIANAPOLIS, IN 46256	15 400		7-841-3393
N/a:	, tha !!	S discuss this return with the preparer shown above? See instructions		Prione no. 3 1	X Vas No

including grants of \$

15,828.

) (Revenue \$

Total program service expenses

Form 990 (2021) RAINBOW FOUN 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)?		х	
2	If "Yes," complete Schedule A	2	- 25	Х
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			-25
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.,
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•		-21
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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		v	
40	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	40-		х
L	Schedule D, Parts XI and XII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,.
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			٦,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Form 990 (2021) RAINBOW FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
04 -	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	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			
	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			7.7
	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% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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			l
	"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?	00-		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	Λ	х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
5	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		3.7	
Pa	Note: All Form 990 filers are required to complete Schedule O	38	X	
rd	Check if Schedule O contains a response or note to any line in this Part V			
	Check is confedule o contains a response of note to any line in this part v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		163	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

021) RAINBOW FOUNDATION FUND, 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									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns											
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions		_		Х							
		^			_ ^							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	1								
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?											
h	o If "Yes," enter the name of the foreign country ▶											
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FRAR)										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa				Х							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?											
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the											
	any contributions that were not tax deductible as charitable contributions?		6a		Х							
b	If "Yes," did the organization include with every solicitation an express statement that such contribut											
	were not tax deductible?		6b									
7	Organizations that may receive deductible contributions under section 170(c).											
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ excess \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ excess \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ send \ partly \ and \ partly \ and \ partly \ for \ goods \ and \ partly \ partly$	vices provided to the payor	? 7a		X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required										
	to file Form 8282?	l I	7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of				X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year, pay premiums, directly or indirectly, on a personal benefit contribution of the year.			-	Х							
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo											
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are interior deposit and policy of the deposit of the depos		7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?		8									
9	Sponsoring organizations maintaining donor advised funds.		-									
а	Did the agree of a constitution and a great scale of the state of the		9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?											
10	Section 501(c)(7) organizations. Enter:											
а	Initiation fees and capital contributions included on Part VIII, line 12	10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b										
11	Section 501(c)(12) organizations. Enter:											
а	Gross income from members or shareholders	11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)	11b										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l l	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a									
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the											
D	organization is licensed to issue qualified health plans	13b										
С	Enter the amount of reserves on hand	13c										
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu											
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune											
	excess parachute payment(s) during the year?		15	$oldsymbol{\mathbb{L}}_{-}$	Х							
	If "Yes," see the instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х							
	If "Yes," complete Form 4720, Schedule O.											
17	$\textbf{Section 501(c)(21) organizations.} \ Did the trust, any disqualified person, or mine operator engage in the trust of the trust of$	any		1								
	activities 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.

	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	3		
	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 1b	3		
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	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	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.		37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	77
13	Did the organization have a written whistleblower policy?	13		X
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?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	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			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be 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.			
	X Own website X Another's website X Upon request 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, a	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 JOELLE FOUSE - (314) 785-0406			
	JOELLE FOUSE - (314) 785-0406 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, 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.

X Check this box if neither the organization	n nor any related	iny related organization com						ed any current officer, o	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	cer ar	iu a u	irecio	or/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	trust		ee ee	ubeu		1099-NEC)	1099-NEC)	and related
	below	dual t	tiona	١.	nploy	st cor	_	1033 (VEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOAN PERRY	2.00	 -								
TREASURER		1		Х				0.	0.	0.
(2) DENNY HAYDEN	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) SCOTT WELZ	2.00									
PRESIDENT				Х				0.	0.	0.
(4) BRENDA WEBER	2.00									
SECRETARY				Х				0.	0.	0.
(5) JAKE MCDONALD	2.00									
DIRECTOR		Х		Х				0.	0.	0.
(6) JESSICA ERFLING	2.00									
DIRECTOR		Х						0.	0.	0.
(7) LINDSEY NIEMEIER	2.00									
DIRECTOR		Х						0.	0.	0.
(8) EILEEN COLE	2.00									
RBV PROPERTIES PRESIDENT				Х				0.	0.	0.
		1								
		1								
		4								
		1								
		1								
		<u> </u>		_						
		-								
		<u> </u>	\vdash	_						
		1								
		\vdash								
		1								
		1	I	ı	I	ı	ı	i		

132007 12-09-21 Form **990** (2021)

Pai	T VII Section A. Officers, Directors, Trus	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe					
	T VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director oppoor opposition	not c	Pos heck	ition more erson lirecto		one th an stee)	(D) Reportable compensation from the	es (continued) (E) Reportable compensation from related organization (W-2/1099-MIS 1099-NEC)	on d s SC/	Estin amou oth compe from organ and re	nated unt of her ensation in the ization elated zations
			-										
С	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization	II, Section A			· · · · · · · · · · · · · · · · · · ·				0 . 0 . 0 . received more than \$100	0,000 of reportab	0. 0. 0.		0.
3 4 5 Sec 1	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for some series of the seri	uch individual um of reportab 0,000? If "Yes, accrue comper uplete Schedul ompensated inc	ole co ," co. nsat le J f	omp mple ion f	ensa ete S from uch	atior Sche any pers	n and edule y uni son racte	d ot e J i relat	her compensation from for such individual ted organization or individual that received more than	the organization idual for services \$100,000 of con		3 4 5	x X X
	(A) Name and business			DNI					(B) Description of s		C	(C) ompensa	ation
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to	tho (se li:	stec	d above) who received n	nore than		- 00	

Form 990 (2021) RAINBOW
Part VIII Statement of Revenue

		Check if Schedule O c	ontains a respons	se or note to any lin	e in this Part VIII			
		Officer if Gorledule O'C	σπαιίο α τσομυπ	JO OF HOLE LO ATTY III I	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenuè éxcluded
						function revenue	business revenue	
Contributions, Gifts, Grants and Other Similar Amounts								sections 512 - 514
	1 a	Federated campaigns	1a					
9 10 10	b	Membership dues	1b					
s, G	c	Fundraising events	1c					
ait la li	c	Related organizations	1d					
i, (e	Government grants (contri	ibutions) 1e					
rion	f	All other contributions, gifts, g						
the later		similar amounts not included						
ᅙᄛ		Noncash contributions included in	· · · · · · · · · · · · · · · · · · ·					
길	_	Total. Add lines 1a-1f						
- 		Total: Add into 1a 11		Business Code				
	0 -	_		Business Code				
<u>ğ</u>	2 a			-				
le le	b			-				
en en	C			-				
Re	C	i						
Program Service Revenue	e	•						
۱ ۵	f	All other program service r						
	Ç	Total. Add lines 2a-2f		>				
	3	Investment income (includ						
		other similar amounts)		▶	257,468.			257,468.
	4	Income from investment of	f tax-exempt bond	d proceeds				
	5	Royalties		▶				
		_	(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
		Less: rental expenses	6b					
		5	6c					
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	s (ii) Other				
	1 6		7a 179,045					
		assets other than inventory	7a 1 7 7 , 0 4 3	<u>' </u>				
اه	r	Less: cost or other basis		.				
Ď.			7b 0 4 5					
her Revenue			7c 179,045		150 045	100 045		
Ř		d Net gain or (loss)			179,045.	179,045.		
the	8 a	a Gross income from fundraisin	ig events (not					
ō		including \$	of					
		contributions reported on	line 1c). See					
		Part IV, line 18		Ba				
	b	Less: direct expenses	8	Bb				
	c	Net income or (loss) from f	fundraising events	· ▶				
	9 a	Gross income from gaming	g activities. See					
		Part IV, line 19		e l				
	b	Less: direct expenses		9b				
		Net income or (loss) from g	_	>				
		Gross sales of inventory, le	· · · -					
	.0 0	and allowances		0a				
		Less: cost of goods sold		0b				
			_					
\dashv		Net income or (loss) from s	sales of inventory					
ns				Business Code				
neo ne	11 a			-				
Miscellaneous Revenue	b			-				
Re l	c			-				
ĕ⊤		All other revenue						
	€	Total. Add lines 11a-11d			406 545	450 045		055 466
	12	Total revenue. See instruction	ns	>	436,513.	179,045.	0.	257,468.

Form 990 (2021) RAINBOW FOUNDA Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must complete all columns.	. All other organizations must complete column (A).	

Check if Schedule O contains a response or note to any line in this Part IX					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	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				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSES	15,828.	15,828.		
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	15,828.	15,828.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>		

Form 990 (2021)
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
	2	Savings and temporary cash investments		2
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net		4
	5	Loans and other receivables from any current or former officer, director,		
		trustee, key employee, creator or founder, substantial contributor, or 35%	6	
		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
ţ	7	Notes and loans receivable, net		7
Assets	8	Inventories for sale or use		8
⋖	9	Prepaid expenses and deferred charges		9
	10a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a		
	b	Less: accumulated depreciation 10b		0c
	11	Investments - publicly traded securities	4,846,269.	5,562,969
	12	Investments - other securities. See Part IV, line 11		12
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11		15
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1 1016 260 1	16 5,562,969
	17	Accounts payable and accrued expenses		17
	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
S	22	Loans and other payables to any current or former officer, director,		
Ě		trustee, key employee, creator or founder, substantial contributor, or 35%	6	
Liabilities		controlled entity or family member of any of these persons		22
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23
	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		
		of Schedule D		25
	26	Total liabilities. Add lines 17 through 25	0.	26 0 .
"		Organizations that follow FASB ASC 958, check here X		
ĕ		and complete lines 27, 28, 32, and 33.		
alau	27	Net assets without donor restrictions	3,093,877.	3,635,444
Ba	28	Net assets with donor restrictions	1,752,392.	1,927,525
S I		Organizations that do not follow FASB ASC 958, check here		
Ē		and complete lines 29 through 33.		
S	29	Capital stock or trust principal, or current funds		29
se	30	Paid-in or capital surplus, or land, building, or equipment fund		30
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31
Net	32	Total net assets or fund balances	4,846,269.	5,562,969
_	33	Total liabilities and net assets/fund balances		5,562,969

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>6,5</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,8	
3	Revenue less expenses. Subtract line 2 from line 1	3	_		0,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	,84		
5	Net unrealized gains (losses) on investments	5		45	5,0	15.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-15	9,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	5	,56	2,9	69.
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	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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 basi	s,			
	consolidated basis, or both:					
	Separate basis X 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 th	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Ai	udit			
	Act and OMB Circular A-133?			За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	udit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

RAINBOW FOUNDATION FUND, INC. 43-1740532 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	41,776.	32,933.	75,000.			149,709.
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	41,776.	32,933.	75,000.			149,709.
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)						
	Public support. Subtract line 5 from line 4.						149,709.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018 32,933.	(c) 2019	(d) 2020	(e) 2021	(f) Total 149,709.
	Amounts from line 4	41,776.	32,933.	75,000.			149,709.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	050 001	262 652	450 044	005 040	500 650	
	and income from similar sources	253,881.	363,653.	152,944.	285,243.	529,670.	1,585,391.
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						1,735,100.
12	•	,	,			12	
13	First 5 years. If the Form 990 is for the	-			•		,
<u></u>	organization, check this box and stop						<u></u>
	ction C. Computation of Publ			l (f))			8.63 %
	Public support percentage for 2021 (14	10 10
	Public support percentage from 2020 33 1/3% support test - 2021. If the					15	
102		•		•		•	
L	stop here. The organization qualifies 33 1/3% support test - 2020. If the						
L		-					
17~	and stop here. The organization qual 10% -facts-and-circumstances tes						
1/8							
	and if the organization meets the fact				•	_	
L	meets the facts-and-circumstances to	-	•		-		
i.	 10% -facts-and-circumstances tes more, and if the organization meets the 	_					1070 UI
	organization meets the facts-and-circ		•				
18	Private foundation. If the organization			•			s X
	ato roundationi ii tilo organizatio	,, ala not oncon a	227 OH III O 10, 10	a, 100, 11a, 01 111	5, 51100K 11113 DUX 6		<u> </u>

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.)

Section A. Public Support	below, please con	ipiete i art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and			` '	,	, ,	,
membership fees received. (Do not						
include any "unusual grants.")						
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						
3 Gross receipts from activities that					+	
are not an unrelated trade or bus-						
in						
					+	
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						
7a Amounts included on lines 1, 2, and	1					
3 received from disqualified person	s					
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesse	s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.		<u> </u>		L	504()(0) : 1	
14 First 5 years. If the Form 990 is for	the organization's	first, second, third,	, fourth, or fifth tax	year as a section	1501(c)(3) organizat	tion,
check this box and stop here						<u></u> ▶∟
Section C. Computation of Pul			. (2)		11	
15 Public support percentage for 2021			column (f))			
16 Public support percentage from 20:					16	•
Section D. Computation of Inv						
17 Investment income percentage for						•
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2021. If the	e organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organi	zation	▶∟
b 33 1/3% support tests - 2020. If the	ne organization did	not check a box of	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, c	neck this box and s	stop here. The orga	anization qualifies a	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organizat						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	prization, describe now the powers to appoint and/or remove officers, directors, or trustees were allocated among the ported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	-		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
		<i>y</i> 11 0 0		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec		D. All Type III Supporting Organizations	•		
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
_		cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) .			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		apported 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 th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

га	rt v Type III Non-Functionally Integrated 509(a)(3) Support	ilig Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

Pa	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _{(continue}	d)	
Sect	ion D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish ex	1			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	s	3	
4	4 Amounts paid to acquire exempt-use assets 4				
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which	the organization is responsive	;		
	(provide details in Part VI). See instructions.				
9	9 Distributable amount for 2021 from Section C, line 6				
10	Line 8 amount divided by line 9 amount			10	
	<u> </u>	(:)	/::\		/:::\

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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.)
PART II, SECTION C, FACTS AND CIRCUMSTANCES TEST:
THE FUND IS RECEIVING PUBLIC DONATIONS ON A CONTINUOUS BASIS.

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 FOUNDATION FUND, INC. Employer identification number 43-1740532

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	•	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of		
_	impermissible private benefit?		Yes No
Par			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· '	
	Preservation of land for public use (for example, recreated)	tion or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the forr	
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	,	
	listed in the National Register		· · · · · · · · · · · · · · · · · · ·
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	-	-
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	vation easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	·	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial state	ments that describes the
Do	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Transuras or	Other Similar Assets
Pai			Other Silliar Assets.
4 -	Complete if the organization answered "Yes" on Form		Land balance also skywydys
та	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in ful	rtnerance 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 trea		cial gain, provide
	the following amounts required to be reported under FASB A	-	
	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		▶ \$

Pai	t III Organizations Maintaining Co	llections of Ar	t, Hist	orical Tr	easures, o	or Othe	r Simila	ar Asse	ts (continu	ued)
3	Using the organization's acquisition, accession	, and other record	s, check	any of the	following tha	at make si	gnificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d	ı	Loan or exc	hange progra	am				
b	b Other									
С	c Preservation for future generations									
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be main	tained as part of t	he orgar	nization's c	ollection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arrange								line 9, or	
	reported an amount on Form 990, Part >	ζ, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermed	liary for	contribution	ns or other as	sets not i	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII an									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Forr								Yes	□ No
	If "Yes," explain the arrangement in Part XIII. Cl									
Pai										
		a) Current year		rior year	(c) Two year			ears back	(e) Four	years back
1a	Beginning of year balance	-								
b	Contributions									
c	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
	Administrative expenses									
g	End of year balance	t veer and belone	o /lipo 1	a column (a)) bald as:					
2		it year end balanc		g, column (a)) rieid as.					
a	Board designated or quasi-endowment	0/	_%							
	Permanent endowment	%								
С	Term endowment	1.1000/								
_	The percentages on lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the possess .	ion of the organiza	ation tha	it are held a	and administe	ered for th	e organiz	ation	Г	Yes No
	by:								$\overline{}$	Yes No
	(i) Unrelated organizations									
	(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		wment f	funds.						
Pai	t VI Land, Buildings, and Equipme									
	Complete if the organization answered "	Yes" on Form 990), Part IV							
	Description of property	(a) Cost or of		٠,	t or other		cumulate	d	(d) Book	value
		basis (investr	nent)	basis	(other)	dep	reciation			
	Land									
	Buildings									
С	Leasehold improvements									
d	Equipment									
	Other									
Total	Add lines to through to (Column (d) must equ	al Form OOO Dort	V colum	on (D) line	1001					0.

Schedule D (Form 990) 2021

Part VII	Investments - 0	Other Securities.

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12.(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, col. (B) line 12.)			
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	(e) metrica er valadrerni e eet er en	a or your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Dowt IV Othor Assets			
Part IX Other Assets.	are Farmer 000, Part IV, Kana	ddd Occ Ferry COO Best V Bood F	
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Dooleyselve
Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) I (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description e 15.)	>	
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description e 15.)	>	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description e 15.)	>	
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description e 15.)	>	5.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	Description e 15.)	>	5.
Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description e 15.)	>	5.
Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	Description e 15.)	>	5.
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	Description e 15.)	>	5.
Complete if the organization answered "Yes" (a) 1 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description e 15.)	>	5.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description e 15.)	>	5.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description e 15.)	>	5.
Complete if the organization answered "Yes" (a) 1 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description e 15.)	>	5.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	e 15.)on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.

_	rt XI Reconciliation of Revenue per Audited Financial State		Povonuo nor P		740334 Page
Pai	- ·		nevenue per n	eturn.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				891,528
1				1	091,320
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ء ا	455,015.		
а	Net unrealized gains (losses) on investments		433,013.		
b	Donated services and use of facilities				
C	Recoveries of prior year grants				
d	/	2d			/EE 01E
е	Add lines 2a through 2d			2e	455,015
3	Subtract line 2e from line 1			3	436,513
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	436,513
Pai	rt XII Reconciliation of Expenses per Audited Financial State		h Expenses per	Return).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				1
1	Total expenses and losses per audited financial statements			1	15,828
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	15,828
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	15,828
Pai	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV. lines 1b	and 2b: Part V. line	4: Part X.	line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			,, r a. c.,	
	Za ana 45, ana 1 arexii, into Za ana 45.7100 oompioto tiio part to provide any e	idaitional infor	mation.		
PAT	RT X, LINE 2:				
	11, 1111 11				
FOI	R THE YEAR ENDED DECEMBER 31, 2014, THE C	RGANIZA	TION ADOPT	ED TI	ΗE
ልሮር	COUNTING POLICY TO RECOGNIZE A TAX BENEFI	.π ΟΝΙ. ν	ты ти те м	OPF I	TKET.V
2100	COUNTING TOLICT TO RECOGNIZE A TAX BENEFI	.1 011111	11 11 10 M		
THZ	AN NOT THE TAX POSITION WOULD BE SUSTAINE	D IN A	TAX EXAMIN	ATIO	N, WITH A
TAX	X EXAMINATION BEING PRESUMED TO OCCUR. T	HE AMOU	NT RECOGNI	ZED V	VILL BE

THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING

REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE

MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT WILL BE RECORDED.

Schedule D (Form 990) 2021

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

RAINBOW FOUNDATION FUND, INC.

Employer identification number 43-1740532

FORM 990, PART VI, SECTION B, LINE 11B:
LINE 11B EXPLANATION - THE EXECUTIVE AND FISCAL DIRECTORS THOROUGHLY
REVIEW, COMMENT AND APPROVE THE FORM 990 PRIOR TO ITS TIMELY FILING WITH
THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C:
ANY POTENTIAL CONFLICTS OF INTEREST MUST BE DISCLOSED IN ACCORDANCE WITH
THE CONFLICT OF INTEREST POLICY AND PRESENTED AT THE EARLIEST BOARD MEETING
EACH YEAR. THE POSSIBLE CONFLICTS ARE REVIEWED, VOTED AND RECORDED.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE
UPON REASONABLE REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
INTERFUND TRANSFER -159,000.

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.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

RAINBOW FOUNDATION FUND, INC.

Employer identification number 43-1740532

(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

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 Part II 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	conti	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
RAINBOW VILLAGE, INC 43-6071313							İ
1240 DAUTEL LANE					PROMISE COMMUNITY		
ST. LOUIS, MO 63146	LOW-INCOME HOUSING	MISSOURI	501(C)(3)	509(A)(2)	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		X
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) 2021

Part III	Identification of Related Orgonizations treated as a pair		ership. Complete if t	the organization answe	ered "Yes" on Forr	m 990, Part IV, line	34, becaus	e it had one or mo	re related	k

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	Sec 512(t contr	tion b)(13) rolled tity?
		foreign country)	-	or trust)		assets			No No
								-	_
								igwdapprox	

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

Page 3

Yes No

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) f Purchase of assets to related organization(s) f Purchase of assets to related organization(s) f Exchange of assets with related organization(s) f Exchange of facilities, equipment, or other assets to related organization(s) f Lease of facilities, equipment, or other assets to related organization(s) f Exchange of assets with related organization(s) f Lease of facilities, equipment, or other assets to related organization(s)	1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) 1b X X 1c X X 1d X X 1e X X If X If X X If	а								
c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) 1c X X X I B X I B X I B X I B X I B X I B X I B X I B X I B X I B X I B X I B X	b	Gift, grant, or capital contribution to related organization(s)				1b			
d Loans or loan guarantees to or for related organization(s) 1d X e Loans or loan guarantees by related organization(s) 1e X f Dividends from related organization(s) 1f X g Sale of assets to related organization(s) 1g X h Purchase of assets from related organization(s) 1h X i Exchange of assets with related organization(s) 1i X						1c			
e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) 1e						1d		X	
f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) 1	е	Loans or loan guarantees by related organization(s)				1e		X	
g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) 1 X 1 X									
g Sale of assets to related organization(s) 1g X h Purchase of assets from related organization(s) 1h X i Exchange of assets with related organization(s) 1i X	f	Dividends from related organization(s)				1f			
h Purchase of assets from related organization(s) 1h X i Exchange of assets with related organization(s) 1i X	g	Sale of assets to related organization(s)				1 g			
i Exchange of assets with related organization(s)	h	Purchase of assets from related organization(s)				1h			
i Lease of facilities, equipment, or other assets to related organization(s)	i	Exchange of assets with related organization(s)				1i		X	
	j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k Lease of facilities, equipment, or other assets from related organization(s)	k	k Lease of facilities, equipment, or other assets from related organization(s)							
I Performance of services or membership or fundraising solicitations for related organization(s)	- 1	Performance of services or membership or fundraising solicitations for related organization(s)							
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)						10		X	
p Reimbursement paid to related organization(s) for expenses X	р	Reimbursement paid to related organization(s) for expenses				1p			
q Reimbursement paid by related organization(s) for expenses X						1q		X	
r Other transfer of cash or property to related organization(s)	r	r Other transfer of cash or property to related organization(s)							
s Other transfer of cash or property from related organization(s)									
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	2	· · · · · · · · · · · · · · · · · · ·							
(a) (b) (c) (d) Name of related organization Transaction type (a-s) Amount involved Method of determining amount involved									
(1)	<u>(1)</u>								
(2)	(2)								
(3)	(3)								
(4)	(4)								
	<u>\¬')</u>								
(5)	<u>(5)</u>								
(6)	(6)								
132163 11-17-21 Schedule R (Form 990) 2021	132169	11-17-21	ı		Schedule	R (Forn	n 990)	2021	

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 (related_unrelated	partners s	Share of	Share of	Dispro	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentag
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partne	ownersnip
		Country)	Sections 5 (2-5 (4)	Yes N	o income	assets	Yes	No	(F01111 1065)	Yes N	10
				\vdash						\vdash	
										\sqcup	
	1										
	1										
	1										
	1										
	1										
										\vdash	
	1										
	1										
				\bot			1		Calaaduda	\perp	