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

ΑI	For the	e 2021 calendar year, or tax year beginning	and ending					
B	Check if applicabl	C Name of organization		D Employer identific	cation number			
Г	Addre chang	THE RAINBOW CONNECTION						
F	Name chang			38-26087	75			
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return	621 W INTYEDSTOV		248-601-9474				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	or town, state or province, country, and ZIP or foreign postal code					
	Ameno return	ROCHESIER, MI 40307		H(a) Is this a group re	eturn			
	Application	F Name and address of principal officer: REBECCA NEUMAN		for subordinates	? Yes X No			
	pendir	OZI W. UNIVERSIII, ROCHESIER, MI 40.	307	H(b) Are all subordinates in	cluded? Yes No			
			a)(1) or 527	If "No," attach a	list. See instructions			
		te: > WWW.RAINBOWCONNECTION.ORG		H(c) Group exemptio				
		forganization: X Corporation Trust Association Other	L Year	of formation: 1985 N	↑ State of legal domicile: M I			
Pa	art I	Summary						
ø	1	Briefly describe the organization's mission or most significant activities: TH						
auc		DREAMS COME TRUE FOR MICHIGAN CHILDREN						
Activities & Governance	2	Check this box if the organization discontinued its operations or d		1 . 1				
90	3			3	22 22			
જ	4	Number of independent voting members of the governing body (Part VI, line			15			
ties	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			1787			
⋛	72	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ą	h	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
	_ <u> </u>	Tect difficulted business taxable moone from 1000 1,1 art 1, mile 11		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		2,314,468.	3,512,589.			
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		43,179.	131,455.			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		49,258.	48,241.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1		2,406,905.	3,692,285.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		211,609.	703,646.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	-10)	599,656.	614,382.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
xpe	. b	Total fundraising expenses (Part IX, column (D), line 25) 149						
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		795,061.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,606,326.	2,824,992.			
		Revenue less expenses. Subtract line 18 from line 12		800,579.	867,293.			
SOR			Be	ginning of Current Year	End of Year			
Assets or	20	Total assets (Part X, line 16)		3,747,967. 142,224.	4,575,197.			
let A	-	Total liabilities (Part X, line 26)		3,605,743.	4,544,454.			
P:	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		3,003,743.	4,344,434.			
		alties of perjury, I declare that I have examined this return, including accompanying scho	edules and stateme	ents, and to the hest of my	knowledge and helief it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all information			Milowiougo una bollot, it io			
	, 0000	A substitution of property (since man office) to substitute man of the substitute of	от типон ргорагог	nus any mismisuger				
Sig	n	Signature of officer		Date	_			
Her		REBECCA NEUMAN, PRESIDENT						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid	j	TODD R. FOX, CPA TODD R. FOX,	CPA 0	4/28/22 self-employ	P00360691			
Pre	parer	Firm's name DOEREN MAYHEW			38-2492570			
Use	Only	Firm's address 305 WEST BIG BEAVER ROAD						
		TROY, MI 48084		Phone no. 24	8-244-3000			
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Part III Statement of Program Service Accomplishments	
	Part III Statement of Program Service Accomplishment

Га	Tim Statement of Frogram Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE RAINBOW CONNECTION MAKES DREAMS COME TRUE FOR MICHIGAN CHILDREN
	WITH LIFE THREATENING MEDICAL CONDITIONS AND PROVIDES SUPPORT SERVICES
	TO THE FAMILIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	THE RAINBOW CONNECTION IS A UNIQUE AND COMPASSIONATE WISH GRANTING ORGANIZATION FOCUSING ON MAKING DREAMS COME TRUE FOR FAMILIES BATTLING
	A LIFE THREATENING MEDICAL CONDITION. GRANTING WISHES IS A WAY OF
	PROVIDING FAMILIES THE OPPORTUNITY TO SHARE A POSITIVE EXPERIENCE TOGETHER, MAKING LASTING MEMORIES ALONG THE WAY AND PROVIDING HOPE OF A
	BRIGHTER FUTURE.
	DRIGHTER FUTURE.
4b	(Code:) (Expenses \$
TU	THE RAINBOW CONNECTION SPECIAL RESPONSE PROGRAM REFERS FAMILIES,
	STRUGGLING WITH FINANCIAL HARDSHIPS, TO APPROPRIATE AGENCIES FOR
	ASSISTANCE.
4c	(Code:) (Expenses \$ 202,060 • including grants of \$) (Revenue \$)
	THE RAINBOW CONNECTION ENHANCEMENT PROGRAM PROVIDES NEEDED DISTRACTIONS
	FOR THESE SPECIAL CHILDREN LIKE HAPPY PACKS DURING HOSPITAL STAYS,
	COMPLIMENTARY SPORTING/ENTERTAINMENT TICKETS, AS WELL AS A SUMMER
	PICNIC AND HOLIDAY PARTY.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 21,000 • including grants of \$ 21,000 •) (Revenue \$)
4e	Total program service expenses ▶ 2,573,457.
	000 ()

Form 990 (2021) THE RAINBOW CONNECTION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	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,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in quasi endowments? f "Yes," complete Schedule D, Part V	10		X
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٠.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			٠,,
	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	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	١	v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			₩
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		 ^ `
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		X
20-	complete Schedule G, Part III	19 20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		 ^ `
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	domestic government on Fart ix, column (A), line 1: If "Yes," complete Schedule I, Parts I and II	41	<u> </u>	_ 41

Form 990 (2021) THE RAINBOW CONNECTION
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			,,
	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			,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			\
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			X
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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	00-		x
	"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		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		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	Х	1
30	Did the organization receive more trial \$25,000 in non-cash contributions? If "yes," complete schedule in	29	21	
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization requires, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part 1	31		
32	\cdot	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		
55	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			
5 T	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<u> </u>
-	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		X
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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
		_		/a a a · ·

Form 990 (2021) THE RAINBOW CONNECTION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			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		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
48	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)?	4a		x
h	If "Yes," enter the name of the foreign country	4 a		<u> </u>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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 transaction?	5b		х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	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 contributions or gifts			
	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 services 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 was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
8	proposition arganization have evere business heldings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	เงล		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	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 Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	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 income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2021) THE RAINBOW CONNECTION 38-2608775 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below. Page 6

	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 22							
	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	2 - 1 - 1 - 1 - 1 - 1 - 1 - 2 - 2 - 2 -							
2								
	officer, director, trustee, or key employee?	2	Х					
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		Х				
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				
	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		Х				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
~	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0						
	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0						
Ū	organization's mailing address? <i>If</i> "Yes." <i>provide the names and addresses on Schedule O</i>	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
	(This Section B requests information about policies not required by the internal nevertice Code.)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104						
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.5						
·	on Schedule O how this was done	12c	х					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
	Other officers or key employees of the organization	15b	X					
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		Х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100						
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure	100						
17	List the states with which a copy of this Form 990 is required to be filed ▶MI							
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	onlv)	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.	,,						
	X Own website X Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial					
	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							
	RAYMOND LAGROU - (248) 601-9474							
	621 W. UNIVERSITY, ROCHESTER, MI 48307							

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.

Check this box if neither the organization		orga	ııı∠a			ipen	ાડતાઉ			(E)
(A) Name and title	(B)			Pos	C) ition	1		(D)	(E)	(F) Estimated
Name and title	Average hours per		not c	heck	more	than o		Reportable compensation	Reportable compensation	amount of
	week					r/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal t		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GEORGE MILLER (THRU 12/31/21)	50.00	드	드	JO.	જ	포등	요			
EXECUTIVE DIRECTOR	30.00	1		Х				121,521.	0.	4,056.
(2) INGRID TODT	50.00							121/321	•	1,0301
EXECUTIVE DIRECTOR		1		x				88,300.	0.	3,864.
(3) DAN FLYNN	1.00							,	-	- · · ·
2ND V.P. AND TREAS.		Х		Х				0.	0.	0.
(4) D'ANN CRAWFORD	1.00									
DIRECTOR		Х						0.	0.	0.
(5) DAVID ANDERSON	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) DAVID LEWALLEN	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(7) DOMINIC MOCERI	1.00	1						_		
DIRECTOR		Х						0.	0.	0.
(8) DR. ROLAND CHU	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(9) HOWARD GOLDMAN	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(10) JANET DOBSON VERNIER	1.00	3,7						_	_	
MERITORIOUS DIRECTOR	1 00	Х						0.	0.	0.
(11) JOHN JACKSON DIRECTOR	1.00	Х						0.	0.	0.
(12) JUDGE JULIE NICHOLSON	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(13) KATHI HUNT	1.00	77						0.	<u></u>	<u> </u>
DIRECTOR	1.00	х						0.	0.	0.
(14) KEVIN SCHNIEDERS	1.00	T-							•	
VICE PRESIDENT		х		x				0.	0.	0.
(15) REBECCA NEUMAN	1.00									, , ,
PRESIDENT		Х		х				0.	0.	0.
(16) ROBERT BAVA	1.00									
DIRECTOR		Х						0.	0.	0.
(17) RUSS SHELTON	1.00									
DIRECTOR		Х						0.	0.	0.

Form **990** (2021)

Form 990 (2021) THE RAINBOW CONNECTION 38-2608775 Page							ge 8						
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C) (D)							(E)			(F)			
Name and title	hours per		not c , unle	Posi heck r	more son i	than o	n an	Reportable compensation	Reportable compensation			mated ount o	
	week (list any hours for related organizations	tee or director	rustee	nd a di		Highest compensated snaployee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	,	compe from organ and	m the nization related	on d
	below line)	dividu	Institutional t	Officer	ey emp	ighest	Former				organ	izatio	ns
(18) RYAN GIACOLONE	1.00	드	드	Ò	3	工品	Œ			+			
IMMEDIATE PAST PRESIDENT		х		х				0.	0				0.
(19) STEVE NEIHEISEL, CPA	1.00												
DIRECTOR		Х						0.	0				0.
(20) SUE WELKER	1.00								_				
DIRECTOR	1 00	Х						0.	0	•			0.
(21) TIM EASTERWOOD	1.00												^
DIRECTOR	1.00	Х						0.	0	•			0.
(22) KRISTA ESCHBACH DIRECTOR	1.00	Х						0.	_				0.
(23) SAM MUNACO	1.00	Λ						<u> </u>		+			<u> </u>
DIRECTOR	1.00	Х						0.	0				0.
(24) BRAD BYRNES	1.00									Ť			<u> </u>
DIRECTOR		Х						0.	0				0.
(25) MICHAEL PLOTZKE	1.00												
DIRECTOR		Х						0.	0	•			0.
4b Cubbatal						<u> </u>		209,821.	0	1	7	,92	<u></u>
1b Subtotal c Total from continuation sheets to Part VII								0.					0.
d Total (add lines 1b and 1c)								209,821.			7	,92	
Total number of individuals (including but no) wh	o re		000 of reportable			·	
compensation from the organization													1
										_)	/es	No
3 Did the organization list any former officer,													7.7
line 1a? If "Yes," complete Schedule J for so											3		<u>X</u>
4 For any individual listed on line 1a, is the su											4		Х
and related organizations greater than \$150Did any person listed on line 1a receive or a										٠ ١	-		
rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors	Dicto Goricaan	<i>3</i>	<i>01 3</i> 0	<u> </u>	<i>7013</i>	011							
Complete this table for your five highest cor the organization. Report compensation for t										sati	on fron	n	
(A)	,			. <u>.</u>				(B)			(C)		
Name and business	address	NC	INC	3				Description of s	ervices	Cc	mpens	ation	
2 Total number of independent contractors (in	ncludina but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ū				C			,	-				
										-	orm 9	90 (20	121

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Form 990 (2021) THE RAINBOW CONNECTION
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
		Check ii Genedale e contains à response or	Tioto to arry iiii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
' 0 '	4 -	Forderstand community of the					000110110 0 12 0 1 1
nts		Federated campaigns 1a					
Gra		Membership dues 1b	C7 C 4 4				
ts, (67,644.				
a G	d	Related organizations1d	24 222				
ž,		, ,	31,000.				
rio S	f	All other contributions, gifts, grants, and					
g #		similar amounts not included above 1f 2 , 2	13,945.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f $ \mathbf{1g} $ \$1,2	52,636.				
a Se	h	Total. Add lines 1a-1f	>	3,512,589.			
		E	Business Code				
o o	2 a						
, ki	b						
Ser	С						
E S	d						
gra Re	u 0						
Program Service Revenue	f	All other program service revenue					
_		Total. Add lines 2a-2f	•				
\dashv	<u>g</u>	Investment income (including dividends, interest					
	3			132,447.			132,447.
		other similar amounts)		132,447.			132,447.
	4	Income from investment of tax-exempt bond pro	-				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ē		and sales expenses 7b	992.				
en	С	Gain or (loss) 7c	-992.				
Revenue		Net gain or (loss)		-992.			-992.
e		Gross income from fundraising events (not					
Đ.	0 4	including \$1,067,644. of					
		contributions reported on line 1c). See					
			49,326.				
	h		01,085.				
			01,005.	48,241.			48,241.
		Net income or (loss) from fundraising events	······	40,441·			-U, 441.
	э а	Gross income from gaming activities. See					
	-	Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold10b					
\blacksquare	С	Net income or (loss) from sales of inventory					
S		<u> </u> E	Business Code				
o a	11 a						
ane	b						
Miscellaneous Revenue	С	:					
Aiší B	d	I All other revenue					
_	е	Total. Add lines 11a-11d	>				
		Total revenue See instructions		3.692.285.	0.	0.	179 696.

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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).

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		-	ipiete coluttiti (A).	
	· 1	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	703,646.	703,646.		
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	217,741.	168,330.	18,262.	31,149.
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	337,195.	260,677.	28,281.	48,237.
8	Pension plan accruals and contributions (include	331,133.	200,0110	20,201	10,2016
0	section 401(k) and 403(b) employer contributions)	9 291	7 183	779.	1 329
9	Other employee benefits	9,291. 8,361.	7,183. 6,464.	701.	1 196
		41,794.	32,310.	3,505.	1,329. 1,196. 5,979.
10	Payroll taxes	T1,/94.	J4,J±U•	3,303.	3,313.
11	Fees for services (nonemployees):				
	Management			+	
b	9	11,000.		8,800.	2,200.
	Accounting	11,000.		0,000.	2,200.
	Lobbying				
е	, , , , , , , , , , , , , , , , , , ,				
f	Investment management fees				
g	,	4 050	2 121	240	F70
	column (A), amount, list line 11g expenses on Sch O.)	4,050.	3,131. 23,436.	340.	5/9.
12	Advertising and promotion	26,040.	23,436.	0 160	579. 2,604. 5,876.
13	Office expenses	43,351.	35,308.	2,167.	5,876.
14	Information technology				
15	Royalties				
16	Occupancy	6,124.	3,675.	1,531.	918.
17	Travel	6,792.	6,452.		340.
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	45,553.	23,004.	22,321.	228.
23	Insurance	6,794.	4,253.	1,529.	1,012.
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	SPECIAL EVENT COSTS	1,252,635.	1,252,635.		
b	BANK AND OTHER SERVICE	40,217.	6,033.	4,021.	30,163.
С	REPAIRS & MAINTENANCE	40,142.	24,086.	10,035.	6,021.
d	FUNDRAISING EXPENSE	10,757.			10,757.
е	All other expenses	13,509.	12,834.	170.	505.
25	Total functional expenses. Add lines 1 through 24e	2,824,992.	2,573,457.	102,442.	149,093.
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)				
				•	Earm 990 (2021)

Form 990 (2021)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,479,418.	1	1,661,774.
	2	Savings and temporary cash investments			126,863.	2	126,826.
	3	Pledges and grants receivable, net			31,223.	3	66,500.
	4	Accounts receivable, net			1,097.	4	1,446.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial co	ntributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,015,884.			
	b	Less: accumulated depreciation	10b	1,015,884.	517,161.	10c	503,624.
	11	Investments - publicly traded securities		1,591,605.	11	2,188,527.	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	600.	15	26,500.		
	16	Total assets. Add lines 1 through 15 (must equ	3,747,967.	16	4,575,197.		
	17	Accounts payable and accrued expenses	5,512.	17	24,443.		
	18	Grants payable			18		
	19	Deferred revenue			5,243.	19	6,300.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of	f Schedule D		21	
S	22	Loans and other payables to any current or for	mer office	r, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantial co	ntributor, or 35%			
iabi		controlled entity or family member of any of the	ese persor	ns		22	
	23	Secured mortgages and notes payable to unrel	lated third	parties	115,500.	23	0.
	24	Unsecured notes and loans payable to unrelate	ed third pa	arties		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24).	Complete Part X	4- 44		
		of Schedule D			15,969.	25	0.
	26	Total liabilities. Add lines 17 through 25			142,224.	26	30,743.
"		Organizations that follow FASB ASC 958, ch	eck here	► X			
ĕ		and complete lines 27, 28, 32, and 33.			2 400 560		4 400 406
<u>a</u>	27	Net assets without donor restrictions	3,499,762.	27	4,490,426.		
Ä	28				105,981.	28	54,028.
S E		Organizations that do not follow FASB ASC	958, chec	k here 🕨 🔛			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
ssel	30	Paid-in or capital surplus, or land, building, or e				30	
τÀ	31	Retained earnings, endowment, accumulated in	ncome, or	other funds	2 605 542	31	4 5 4 4 5 4
Se	32			<u>-</u>	3,605,743.	32	4,544,454.
	33	Total liabilities and net assets/fund balances			3,747,967.	33	4,575,197.

Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		3,69		
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	2,82	4,9	<u>92.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	86	7,2	93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,60	5,7	43.
5	Net unrealized gains (losses) on investments	5	7	1, 4	18.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10 4	1,54	4,4	54.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_ X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	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 Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number Name of the organization THE RAINBOW CONNECTION 38-2608775 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) 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.")	2439371.	2620766.	3173372.	2314468.	3512589.	14060566.
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	2439371.	2620766.	3173372.	2314468.	3512589.	14060566.
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)						694,671.
	Public support. Subtract line 5 from line 4.						13365895.
Sec	ction B. Total Support					.	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2439371.	2620766.	3173372.	2314468.	3512589.	14060566.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	31,353.	43,543.	46,354.	43,669.	132,447.	297,366.
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.)						1 4 2 5 5 2 2 2
11	Total support. Add lines 7 through 10						14357932.
12	Gross receipts from related activities,	•	,			12	743,471.
13	-						
80	organization, check this box and storetion C. Computation of Publi						P
	•			- L (f))		44	93.09 %
14	11 1 3					14	25 22
15	Public support percentage from 2020 33 1/3% support test - 2021. If the control is the control is the control is the control in the control i						
104							
	stop here. The organization qualifies 33 1/3% support test - 2020. If the o						
~	and stop here. The organization qual						
17:	10% -facts-and-circumstances test				 2 13 16a or 16b a		
170	and if the organization meets the facts	-					
	meets the facts-and-circumstances te		•	-		viriow the organiz	. —
ŀ	10% -facts-and-circumstances test	•	•				
	more, and if the organization meets the	ū				•	. 570 01
	organization meets the facts-and-circu		·				ightharpoonup
18	Private foundation. If the organization						······································

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.)

Se	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.")						
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-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar 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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
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.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020	·				16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition	>
k	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

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	Nο
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1		
2		
3a		
3b		
2-		
3c		
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10a		
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10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
C1	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	-		
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion b. All Type III Supporting Organizations			l
_	Did the constitution and ideals and of the constitution and the last describe (file constitution)		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
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	instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

emergency temporary reduction (see instructions).

instructions).

Sche	dule A (Form 990) 2021 THE RAINBOW CONNECTION			38-2608775 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	Section 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		
Section 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		
_	Income toy imposed in prior year			

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

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 THE RAINBOW C			3	8-2608775	Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)		
Secti	on D - Distributions				Current Year	r
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide 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 tl	he organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)		(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ıs	Distributable Amount for 20	
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					
<u>a</u>	From 2016					
b	From 2017					
С	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: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	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:					
а	Excess from 2017					
b	Excess from 2018					
С	Excess from 2019					

Schedule A (Form 990) 2021

d Excess from 2020e Excess from 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	1000 monactions,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization Employer identification number

THE RAINBOW CONNECTION 38-2608775 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

THE RAINBOW CONNECTION

38-2608775

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	HOTEL ACCOMODATIONS, THEME PARK TICKETS, MEALS, GIFTS		
		\$ 813,406.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. \$	

Name of organization Employer identification number

HE RA	AINBOW CONNECTION				38-2608775		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	through (e) and the followin charitable, etc., contributions of \$	a line entry. For o	rganizations	at total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held		
	Transferee's name, address, ar	(e) Transfe		elationship of tran	nsferor to transferee		
				Sautonomp or tra			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held		
	Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held		
		(e) Transfe	er of gift				
	Transferee's name, address, and ZIP + 4		R	elationship of tran	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held		
	Transferee's name, address, ar	(e) Transfe		elationship of tran	nsferor to transferee		
	manistrice s maine, address, at	to dell 1 T		cationismp of trai			

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 Inspection

Name of the organization

THE RAINBOW CONNECTION

Employer identification number 38-2608775

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		r Similar Funds	or Accour	nts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor ad	vised funds	(b) Fur	nds 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		held in donor advis	sed funds	
	are the organization's property, subject to the organization's	exclusive legal contro	ol?		Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	r any other purpose	conferring	
	impermissible private benefit?				
Pai	t II Conservation Easements. Complete if the org	ganization answered	'Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation o	f a historically	important land area
	Protection of natural habitat		Preservation o	f a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation con	tribution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			I .	
b					
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			<u>2d</u>	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or terminated by the	e 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 per				Yes No
6	violations, and enforcement of the conservation easements it		and onforcing con		
6	Staff and volunteer hours devoted to monitoring, inspecting,	manuling of violations	, and emorcing con	servation ease	erilerits during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	Lenforcing conserva	ation essemen	ts during the year
•	S	alling of violations, and	remoreing conserve	tion casemen	is during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents of section 170	(h)(4)(B)(i)	
Ū	and section 170(h)(4)(B)(ii)?	*			Yes No
9	In Part XIII, describe how the organization reports conservation				
_	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	g			
Pai	t III Organizations Maintaining Collections of	f Art, Historical 1	reasures, or O	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement a	and balance sl	heet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educat	ion, or research in f	urtherance of	public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that	describes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its reve	nue statement and	balance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in furt	herance of pu	blic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treat	asures, or other simila	ar assets for financia		
	the following amounts required to be reported under FASB A	SC 958 relating to the	ese items:		
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				

Scho	dule D (Form 990) 2021 THE RAI	NBOW CONNE	TTON		38-20	608775	Pag	2
Par				easures, or Othe				je –
3	Using the organization's acquisition, accessi					1	ucu)	
	collection items (check all that apply):	,	,	3	3			
а	Public exhibition	d	Loan or exc	change program				
b	Scholarly research	е		0 1 0				
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's exe	mpt purpose in Par	t XIII.		
5	During the year, did the organization solicit of							
	to be sold to raise funds rather than to be ma	aintained as part of the	ne organization's co	llection?		Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	on answered "Yes" or	n Form 990, Part IV	, line 9, or		
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets not	included			
	on Form 990, Part X?				[Yes		No
b	If "Yes," explain the arrangement in Part XIII							
						Amount	:	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
	Did the organization include an amount on F					Yes		No
	If "Yes," explain the arrangement in Part XIII.					<u></u>		
Par	t V Endowment Funds. Complete					T.,,_		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years ba	1CK
	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs					+		
	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the curr	rent year end balance)) held as:				
	Board designated or quasi-endowment		%					
	Permanent endowment	%						
С		.%						
_	The percentages on lines 2a, 2b, and 2c sho	•						
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are held ar	nd administered for t	he organization	٦	Vaa	
	by:					(a, m)	Yes I	No
	(i) Unrelated organizations							
	(ii) Related organizations						_	
b	If "Yes" on line 3a(ii), are the related organiza					3 b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.					
. ui	Complete if the organization answere		Dort IV line 11a S	Coo Form 000 Part V	lino 10			

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		890,507.	424,242.	466,265.
c Leasehold improvements				
d Equipment		86,695.	63,660.	23,035.
e Other		38,682.	24,358.	14,324.
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990 Part X colur	nn (B) line 10c)		503,624.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 THE RAINBOW	CONNECTION	38	3-2608775	Page
Part VII Investments - Other Securities.				rago
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market v	alue
(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	id-of-year market v	alue
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	T (1) 5 .	
	Description		(b) Book va	ılue
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			<u> </u>	
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<u> </u>	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (h) must equal Form 900, Part Y, col. (R) line 25	•

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

4c

2,824,992

	dule D (Form 990) 2021 THE RAINBOW CONNECTION	-1 - \AP11-	D		2608775 _{Page}
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•			2 010 441
1				1	3,910,441
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	E4 440		
а	Net unrealized gains (losses) on investments		71,418.	-	
b	Donated services and use of facilities		45,653.	-	
С	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)	2d	101,085.		
е	Add lines 2a through 2d			2e	218,156
3	Subtract line 2e from line 1			3	3,692,285
4	Amounts included on Form 990, Part VIII, line 12, 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			
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	3,692,285
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	n Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,971,730
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	45,653.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d	101,085.		
е	Add lines 2a through 2d			2e	146,738
3	Subtract line 2e from line 1			3	2,824,992
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			

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

b Other (Describe in Part XIII.)

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

c Add lines 4a and 4b

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ALTHOUGH THE ORGANIZATION WAS GRANTED INCOME TAX EXEMPTION BY THE INTERNAL REVENUE SERVICE, SUCH EXEMPTION DOES NOT APPLY TO "UNRELATED BUSINESS TAXABLE NO INCOME TAX WAS INCURRED DURING THE YEARS ENDED DECEMBER 31, INCOME". 2021 AND 2020.

THE ORGANIZATION'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. THE ORGANIZATIONS OPEN AUDIT PERIODS ARE 2018 - 2021.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

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

Employer identification number

THE RAINBOW CONNECTION 38-2608775					775	
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this part	t					
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includanted)	non-govern govern sising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
otal			•			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration

THE RAINBOW CONNECTION 38-2608775 Page 2 Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events DREAM MAKERS (add col. (a) through BALL DOBSON GOLF 5 col. (c)) (event type) (event type) (total number) 460,307. 325,433. 431,230. 1,216,970. 1 Gross receipts 394,146. 288,292. 385,206. 1,067,644. 2 Less: Contributions 66,161. 46,024. 149,326. 3 Gross income (line 1 minus line 2) 37,141. 4 Cash prizes 2,416. 2,416. 5 Noncash prizes Direct Expenses 6 Rent/facility costs 38,548. 28,877. 15,358. 82,783. 7 Food and beverages 8 Entertainment 9,613. 919. 5,354. 15,886. 9 Other direct expenses 101,085. **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 48,241. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sch	nedule G (Form 990) 2021 THE RAINBOW CONNECTION 38	3-2608	3775	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
13	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	\square	Yes	No
	a The organization's facility	13a		%
	b An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
(c If "Yes," enter name and address of the third party:			
	Name ►			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	□ No
ŀ	retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	 €	163	NO
_	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, lir	nes 9, 9	9b, 10b,
	135, 136, 16, and 175, as applicable. Also provide any additional information. See instructions.			
_				

132083 10-21-21 Schedule G (Form 990) 2021

Schedule G	(Form 990) Supplemental Inform	THE RAINBOW	CONNECTION	38-2608775	Page 4
Part IV	Supplemental Infor	mation (continued)			

SCHEDULE I (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number

Internal Revenue Service Name of the organization

	OW CONNEC	TION					38-2608775
Part I General Information on Grants a							
Does the organization maintain records criteria used to award the grants or assis	-1	amount of the grants					X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to					anization answered "\	Yes" on Form 990, Part IV	, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addit	ional space is need	led.	(O) Mathead of		
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	lnd government org	 ganizations listed in th	le line 1 table				>
2 Enter total number of other organization			••••				

Schedule I (Form 990) 2021 THE RAINBOW CON	NECTION				38-2608775	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.		e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assi	istance
SCHOLARSHIPS TO VARIOUS MI COLLEGES & UNIVERSITIES						
- 11 \$1,000 SCHOLARSHIPS	21	0.	21,000.	COST	SCHOLARSHIPS	
TRIPS TO WALT DISNEY	477	0.	471,456.	COST	TRIPS TO WALT DISNEY	
			,			
SHOPPING SPREES	153	0.	94,961.	COST	SHOPPING SPREES	
	100		31,302.		SHOTTING STREET	
OTHER WISHES	88	0.	36,091.	COCT	OTHER WISHES	
OTHER WISHES	00	0.	30,091.	COS1	OTHER WISHES	
		_				
SPECIAL RESPONSE Part IV Supplemental Information. Provide the information rec	1337	0.			_	
Suppeniental information. I Tovide the information rec	quiled ii i art i, iii	ie z, r art iii, coluiiiii	(b), and any other ac	dulional imormation.		

Part III Continuation of Grants and Other Assistance to Domes	Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
			2 244		
ELECTRONICS/COMPUTERS	4.	0.	3,314.	COST	ELECTRONICS/COMPUTERS
MEET & GREET	9.	0.	0.	COST	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization THE RAINBOW CONNECTION Employer identification number 38-2608775

Par	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det		
		applicable		Form 990, Part VIII, line 1g	noncash contribut	ion amount	.S
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	277	54,978.	FMV		
10	Securities - Closely held stock			•			
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts		1.5.4	000 106			
25	Other (WISH DISCOUNT)	X	164	889,106.			
26	Other (GIFTS)	X	261	171,953.			
27	Other (TOYS & GAMES)	X	205	120,831.			
28	Other (OTHER MISC. O)		30	47,583.	COST		
29	Number of Forms 8283 received by the organiz	_	· -				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledge	ement 29			
20-	Devices the constraint the constraint as a section by			antari in Dant I. linaa 4 Manassa	[Yes	No
30a	During the year, did the organization receive by must hold for at least three years from the date						
	exempt purposes for the entire holding period?		•		T T	30a	х
h	If "Yes," describe the arrangement in Part II.					Jua	
31	Does the organization have a gift acceptance p	olicy that re	guires the review o	of any nonstandard contribu	tions?	31	х
	Does the organization hire or use third parties of					31	
J_U	contributions?	`		• •		32a	x
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is che	cked,		
	describe in Part II.	(-,	71 · · · · E- · - E- 20-4)	(,	<i>'</i>		

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
PART I, OTHER TYPES OF PROPERTY:
FOOD
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 12
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 12899.
(D) METHOD OF DETERMINING REVENUE: COST
LIMO SERVICES
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 6
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 9050.
(D) METHOD OF DETERMINING REVENUE: FMV
PRINTING
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 2
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1215.
(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE RAINBOW CONNECTION

Employer identification number 38-2608775

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONDITIONS AND PROVIDES SUPPORT SERVICES TO THE FAMILIES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
SCHOLARSHIP PROGRAM - \$1,000 SCHOLARSHIPS EACH YEAR FOR WISH CHILDREN
TAKING COLLEGE CLASSES.
EXPENSES \$ 21,000. INCLUDING GRANTS OF \$ 21,000. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 2:
DAN FLYNN - OFFICE CLEANING AND SNOW REMOVAL
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS WILL EACH GET A COPY OF FORM 990 TO REVIEW AND
APPROVE PRIOR TO ELECTRONIC FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
OPERATIONS ARE MONITORED BY THE EXECUTIVE DIRECTOR AND HR MANAGER ON A
DAILY BASIS.
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE DIRECTOR SALARY IS DETERMINED & APPROVED BY THE BOARD. OTHE
EMPLOYEE COMPENSATION IS DEVELOPED BY THE EXECUTIVE DIRECTOR, AND APPROVED
BY THE FINANCE & EXECUTIVE COMMITTEES & THE BOARD THROUGH THE BUDGET
APPROVAL PROCESS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021 Page **2**

Name of the organization THE RAINBOW CONNECTION	Employer identification number 38-2608775
ALL INFORMATION OF FINANCIAL STATEMENTS AND FORM 990 ARE A	VAILABLE ON OUR
WEBSITE.	
FORM 990, PART XII, LINE 2C:	
WE HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OV	ERSIGHT OF
THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN	INDEPENDENT
ACCOUNTANT. OUR PROCESS HAS NOT CHANGED FROM THE PRIOR YE	AR.

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. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print THE RAINBOW CONNECTION 38-2608775 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 621 W. UNIVERSITY return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. ROCHESTER, MI 48307 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 Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) RAYMOND LAGROU The books are in the care of ► 621 W. UNIVERSITY - ROCHESTER, MI 48307 Telephone No. \blacktriangleright (248) 601-9474 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 box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За 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 using EFTPS (Electronic Federal Tax Payment System). See instructions. 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 instructions

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

Form 8868 (Rev. 1-2022)