# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A I	For the	2023 calendar year, or tax year beginning	and	ending	_		
	Check if applicable	C Name of organization			D Employer ide	ntific	ation number
	Addres						
	Name change				56-1825	247	
	Initial return Final return/	Number and street (or P.O. box if mail is not de 601 EAST 5TH STREET, SUITE 510	ivered to street address)	Room/suite	E Telephone nui 704-372-7		
	termin ated		ZIP or foreign postal code		G Gross receipts \$		7,846,274.
	Ameno		0 1		H(a) Is this a gro	up ret	turn
	Applic tion	F Name and address of principal officer: Childh	SEA GULDEN, MSW		for subordin	ates?	Yes X No
	pendir	SAME AS C ABOVE			H(b) Are all subordina	ates inc	luded? Yes No
1	Tax-exe	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," atta	ch a l	ist. See instructions
	Websit				H(c) Group exem	ption	number
		organization: X Corporation Trust As Summary	sociation Other	<b>L</b> Year	of formation: 1993	M	State of legal domicile: NC
_	1	Briefly describe the organization's mission or most	significant activities: RAIN E	NVISIONS	ENDING HIV IN	OUR	
Governance		COMMUNITY					
rna	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its ne	t asse	ets.
ove	3	Number of voting members of the governing body	(Part VI, line 1a)			3	14
		Number of independent voting members of the gov				4	14
es 8	5	Total number of individuals employed in calendar y				5	35
ĬĖ	6	Total number of volunteers (estimate if necessary)				6	225
Activities &	7 a	Total unrelated business revenue from Part VIII, co				7a	0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>		7b	0.
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Prior Year	17	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		2,320,1	_	2,519,182.	
Revenue	9				4,780,806.		5,311,365. 13,917.
Re	10	Investment income (Part VIII, column (A), lines 3, 4,			-204,3		-140,478.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			6,896,5	_	7,703,986.
		Total revenue - add lines 8 through 11 (must equal			0,050,5	0.	0.
	1	Grants and similar amounts paid (Part IX, column ( Benefits paid to or for members (Part IX, column (A				0.	0.
	15	Salaries, other compensation, employee benefits (F			1,521,1		1,987,722.
Expenses	162	Professional fundraising fees (Part IX, column (A), I			_,,-	0.	0.
en	h	Total fundraising expenses (Part IX, column (D), line					
ă	17	Other expenses (Part IX, column (A), lines 11a-11d,	· · · · · · · · · · · · · · · · · · ·		5,012,3	18.	5,832,796.
	1	Total expenses. Add lines 13-17 (must equal Part I)			6,533,5	_	7,820,518.
	1	Revenue less expenses. Subtract line 18 from line			363,0	_	-116,532.
or So	3	•		Ве	ginning of Current Y	$\overline{}$	End of Year
Net Assets or	20	Total assets (Part X, line 16)			3,955,1	10.	3,868,730.
ASS	21	Total liabilities (Part X, line 26)			1,501,3	80.	1,491,092.
		Net assets or fund balances. Subtract line 21 from	line 20		2,453,7	30.	2,377,638.
	art II	Signature Block					
		Ities of perjury, I declare that I have examined this return,				of my	knowledge and belief, it is
true	, correc	t, and complete. Signard Wion of preparer (other than office	r) is based on all information of wl	nich preparer	has any knowledge.		
		SIROLUS OF THE SEL GULDEN MSW			Doto		
Sig		Signature of officer Substitution of Officer Substitut			Date		
Her	e	CHELSEA GULDEN, MSW, PRESIDENT & CEO					
		Type or print name and title		Tr	Date Chec		PTIN
D-1		Print/Type preparer's name	Preparer's signature		0 /1 17 / 0 4 if		<b>□</b>
Paid			KATHERINE A WARLICK	μ,	· · ·	employed 4	P02065266 1-0746749
	parer Only	Firm's name CLIFTONLARSONALLEN LLP Firm's address 227 WEST TRADE STREET, SU:	rጥ፱ ጸበበ		Firm's EIN	4	:1 0/40/47
use	Only	Firm's address 227 WEST TRADE STREET, SU: CHARLOTTE, NC 28202	LIE OOO		Dhana	704-	998-5200
N/a-	, tha !!	·	vo? Coo instructions		I Priorie no.	, u <del>u</del> -	
ivia	y tne IF	RS discuss this return with the preparer shown abo	ve r see instructions				. X Yes No

	Check if Schedule O contains a response or note to any line in this Part III			Х
1	Briefly describe the organization's mission:			
	RAIN EMPOWERS PERSONS LIVING WITH HIV AND THOSE AT RISK TO BE HEALTHY			
	AND STIGMA FREE.			
2	Did the organization undertake any significant program services during the year which were not list	ed on the		
	prior Form 990 or 990-EZ?		Yes X	No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	m 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 b	y expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca	tions to others, the total	expenses, and	
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 7 , 312 , 857. including grants of \$	) (Revenue \$	5,311,21	5.
	PROGRAM SERVICES INCLUDE:			
	-EPY - EMPOWERING POSITIVE YOUTH - A UNIQUE SUPPORT PROGRAM FOR YOUTH			
	AND YOUNG ADULTS LIVING WITH HIV BETWEEN THE AGES OF 13 - 24. EPY PEER			
	NAVIGATORS WORK WITH YOUTH, CONNECTING THEM TO HEALTH CARE, MEDICATION,			
	HIV EDUCATION, EMERGENCY ASSISTANCE. SUPPORT GROUPS FOR YOUTH ARE ALSO			
	OFFERED AS WELL AS PERIODIC GROUPS FOR PARENTS. IN 2023, 31 INDIVIDUALS			
	WERE SERVED THROUGH THE EPY PROGRAM.			
	MEDICAL CASE MANAGEMENT - PROVIDES LINKAGE AND RETENTION IN HIV			
	MEDICAL CARE, ACCESS TO SUPPORT SERVICES AND COMMUNITY REFERRALS TO			
	ADDRESS THE NEEDS OF EACH PATIENT. EACH CLIENT HAS AN INDIVIDUALIZED			
4b	(Code:) (Expenses \$ including grants of \$	) (Revenue \$		
4c	(Code:) (Expenses \$ including grants of \$	) (Revenue \$		
	/ (asponent) / (as	/ (Notendo +		
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$ ) (Revenue \$		)	
4e	Total program service expenses 7,312,857.		,	
	, y min en ingeniere in the first transfer to the first transfer to the first transfer to the first transfer to the first transfer transfer to the first transfer tra			

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Form 990 (2023) RAIN, INC.

Part IV Checklist of Required Schedules 56-1825247

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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			
	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			
	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			
	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,			
	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			
	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?			
	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			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			77
	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			77
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	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		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	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	114		х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		х
46	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		х
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,	47		х
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	**	<del></del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
20-	complete Schedule G, Part III	19 20a		X
20a		20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	domostic government on latera, column (h), interess to the second of the	<b>4</b> I		

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Part IV   Checklist of Required Schedules (con
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	Continuea)		Vaa	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	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	22		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	•	23		х
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2 <del>-</del> 7 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		х
b	Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
4	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		24u		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ
D	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			х
	Schedule L, Part I	25b		
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%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	
Pa			•	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	3		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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Form 990 (2023) RAIN, INC.

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

					Yes	No
2a	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	<b>2</b> a	35			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	cco	ınt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccou	nts (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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e oro	anization 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 contribution	ons	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 ser	vices	provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as re	quired			
	to file Form 8282?	1	1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7</b> c		-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by t	he			
_				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a				9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			90		
а	Initiation fees and capital contributions included on Part VIII, line 12	10:	.			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10		1		
11	Section 501(c)(12) organizations. Enter:	_101	, ,	1		
	Gross income from members or shareholders	11:	.			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	<u> </u>	-	1		
-	amounts due or received from them.)	111				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u> </u>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12	1			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•	1		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13	<b>o</b>			
С	Enter the amount of reserves on hand	13				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	ome?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2023) RAIN, INC. 56-1825247 Page **6** 

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

	to line sa, so, or real below, asserbed the sine ametarious, processes, or changes on constant of the sine and an extra			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			l
			Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year 14			
	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 0.  Enter the number of voting members included on line 1a, above, who are independent.			
b	The the name of veing members medded on the 14, above, who are madpendent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			х
•	officer, director, trustee, or key employee?	2		Λ
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?	,		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>3</u> 4		x
4		5		x
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	6		X
о 7а	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
1 a		7a		x
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a		
b	and the state of t	7b		x
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		
а		8a	х	
b	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		l	
	(This Section B requests information about policies not required by the internal nevertue Gode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	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			
	ASCEND NONPROFIT SOLUTIONS - (704)943-9525			
	601 E. FIFTH ST., STE. 510, CHARLOTTE, NC 28202			

Form 990 (2023) RAIN, INC. 56-1825247 Page **7** 

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

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss per	more rson i	than o	n an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) CHELSEA GULDEN	40.00									
PRESIDENT/CEO				Х				117,641.	0.	25,554.
(2) CHRISTOPHER JACKSON	1.00	4						_	_	_
MEMBER		Х						0.	0.	0.
(3) MARTY MCKINNEY MEMBER	1.00	x						0.	0.	
(4) R. LEE ROBERTSON	1.00	^	$\vdash$		$\vdash$	$\vdash$		0.	U.	0.
IMMEDIATE PAST CHAIR	1.00	х		х				0.	0.	0.
(5) FRANKIE SIMMONS, MD	1.00	^		_				0.	0.	0,
VICE CHAIR	1.00	x		х				0.	0.	0.
(6) INDIRA TINSLEY	1.00	1						· ·	· ·	0
SECRETARY	1.00	x		x				0.	0.	0.
(7) BOB CARTA	1.00	<del></del>								-
MEMBER		x						0.	0.	0.
(8) WENDY LAXTON, CPA	2.00							-		
CHAIR		х		х				0.	0.	0.
(9) BARRY METZGER	1.00									
TREASURER		х		х				0.	0.	0.
(10) ISMENIA LLOYD	1.00									
MEMBER		х						0.	0.	0.
(11) KAMILLE S. JONES	1.00									
MEMBER		х						0.	0.	0 .
(12) JOHN COVINGTON	1.00									
MEMBER		Х						0.	0.	0.
(13) KIMBERLY S. OWENS	1.00									
MEMBER		Х						0.	0.	0.
(14) JULIE LINDBERG	1.00	]								
MEMBER		Х						0.	0.	0.
(15) MIA SHELVIN	1.00	1								
MEMBER		Х						0.	0.	0.
		1	I		l					

	990 (2023) RAIN, INC.									56-182524	7	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box	not c	Pos heck i ss per	more son i	than o s both	n an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related		(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fi org an	ipensa rom the ganizat d relate anizatie	e ion ed
									117 641			25	F F 4
	Subtotal  Total from continuation sheets to Part V								117,641.	0.		25,	554. 0.
d	Total (add lines 1b and 1c)								117,641.	0.		25	554.
2	Total number of individuals (including but recompensation from the organization									-		,	1
	compondation from the organization											Yes	No
3	Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s										3		Х

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		Х
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		Х

### Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Report compensation for the calendar year ending with or within		(0)
(A) Name and business address	(B) Description of services	(C) Compensation
Name and business address	Description of services	Compensation
MED EXPRESS PHARMACY (AVITA)	PHARMACY MEDICATION	
CORPORATE BLVD #102, BATON ROUGE, LA 70808	ADMINISTRATION	250,635.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 1		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 2,186. Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 1a 1b **b** Membership dues ..... 502,942. c Fundraising events ..... 1c d Related organizations 1d 1,701,771. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 312,283. 1f g Noncash contributions included in lines 1a-1f 2,519,182. h Total. Add lines 1a-1f **Business Code** 2 a 340B PROGRAM 5,311,215. 624100 5,311,215. Program Service Revenue b 150. f All other program service revenue ..... 624100 150 5,311,365, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 13,917 13,917. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 1,810. 6 a Gross rents 6b **b** Less: rental expenses ... 1,810. c Rental income or (loss) 1,810, 1,810. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis and sales expenses Other Revenue c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 502,942. of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses 142,288. -142,288 -142,288 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 7,703,986. 5,311,215. -126,411.

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Form **990** (2023)

**12 Total revenue**. See instructions

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,503,349. 1,262,921. 72,314. 168,114. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 29,033 24,634. 648 3,751. 335,629 284,779 7,492 43,358. Other employee benefits 9 119,711 101,574. 2,672 15,465. 10 Payroll taxes Fees for services (nonemployees): 109,346 85,837. 11,568 11,941. Management а Legal 28,861. 28,861. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 464,324 460,182 1,469 2,673. column (A), amount, list line 11g expenses on Sch O.) 62,275 52,264, 403 9,608. Advertising and promotion 12 61,723. 26,336. 2,753 32,634. 13 Office expenses 43,434 24,400. 682 18,352. Information technology 14 Royalties 15 99,096 76,212. 10,960 11,924. 16 Occupancy 15,399 12,800. 32 2,567. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 25,265. 1,136. 22,288. 1,841. Conferences, conventions, and meetings ..... 19 13,642. 13,642. 20 Payments to affiliates 21 53,113 47,800. 1,783 3,530. 22 Depreciation, depletion, and amortization ..... 14,063 565. 20,601 5,973. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) PROGRAM SUPPLIES 3,666,333. 3,666,333. PROGRAM SERVICES 1,122,121. 1,122,121. TELEPHONE 24,743. 20,123. 418 4,202. С 1,062. BANK AND MERCHANT FEES 14,789. 13,664. 63 7.731 1,576 5,520 635. All other expenses е 7,820,518, 7,312,857 162,837 344,824. Total functional expenses. Add lines 1 through 24e 25

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Check here

**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Page **11** 56-1825247 RAIN, INC.

Form 990 (2023)
Part X Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or	note to any lir	ne in this Part X		······	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,342,705.	1	1,522,352
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	255,729.	3	323,839		
	4	Accounts receivable, net	709,467.	4	366,951		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial cont	ributor, or 35%			
		controlled entity or family member of any of	hese persons			5	
	6	Loans and other receivables from other disqu	ualified persor				
		under section 4958(f)(1)), and persons descri		6			
y,	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
As	9	Duran aid ann an an an an dafannad alaman		[	224,219.	9	44,804
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,875,372.			
	b	Less: accumulated depreciation		264,588.	1,422,990.	10c	1,610,784
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			3,955,110.	16	3,868,730
	17	Accounts payable and accrued expenses	493,407.	17	458,390		
	18	Grants payable		18			
	19	Deferred revenue			5,000.	19	5,000
	20	Tax-exempt bond liabilities			·	20	
	21	Escrow or custodial account liability. Comple				21	
,,	22	Loans and other payables to any current or f					
ţie		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of				22	
Lia	23	Secured mortgages and notes payable to un	-			23	
	24	Unsecured notes and loans payable to unrela	•	·····		24	
	25	Other liabilities (including federal income tax.					
		parties, and other liabilities not included on li					
		of Cohodula D	•		1,002,973.	25	1,027,702
	26	Total liabilities. Add lines 17 through 25			1,501,380.	26	1,491,092
		Organizations that follow FASB ASC 958,		Х	<u>, , , -</u>		<u> </u>
es		and complete lines 27, 28, 32, and 33.					
Š	27	Net assets without donor restrictions			2,067,287.	27	2,177,029
3ala	28	Net assets with donor restrictions		386,443.	28	200,609	
ğ		Organizations that do not follow FASB AS			, -	20	<u>,                                      </u>
μ		and complete lines 29 through 33.	o oco, cricon				
ō	29	Capital stock or trust principal, or current fur	nde			29	
ets	30	Paid-in or capital surplus, or land, building, o				30	
488	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				2,453,730.	32	2,377,638
Ž	32 33	Total net assets or fund balances  Total liabilities and net assets/fund balances			3,955,110.	33	3,868,730

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Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,703,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,820,	
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-116,	532.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,453,	730.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		40,	440.
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	2	,377,	638.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ
				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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				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	Х	
	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:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on School	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2023)

332012 12-21-23

#### **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **Employer identification number** 56-1825247 RATN TNC 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 5 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023 RAIN, INC. 56-1825247 Page 2

### 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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,389,523.	1,800,067.	2,318,673.	2,320,117.	2,519,182.	10,347,562.
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	1,389,523.	1,800,067.	2,318,673.	2,320,117.	2,519,182.	10,347,562.
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)						195,510.
6	Public support. Subtract line 5 from line 4.						10,152,052.
	ction B. Total Support	•		·			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1,389,523.	1,800,067.	2,318,673.	2,320,117.	2,519,182.	10,347,562.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						10,347,562.
	Gross receipts from related activities,	etc (see instruction	ne)			12	21,697,790.
	First 5 years. If the Form 990 is for the	•		ourth or fifth tax ve	 Par as a section 50		, , ,
.0	organization, check this box and <b>stor</b>						
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			olumn (f))		14	98.11 %
	Public support percentage from 2022					15	97.20 %
	33 1/3% support test - 2023. If the					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the						
	and <b>stop here.</b> The organization qual	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-		viriow and organiz	
r	10% -facts-and-circumstances test	_	•				
	more, and if the organization meets the	-					. 5,0 0.
	organization meets the facts-and-circu				-		
18	· ·						
-10	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

` ,

#### Schedule A (Form 990) 2023 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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	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						
r	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.)						
		(a) 2010	<b>(b)</b> 2020	(a) 2021	(4) 2022	(2) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	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	01(c)(3) organization	on,
	ction C. Computation of Publi						
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	<u>%</u>
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	<u>%</u>
18						18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						7 is not
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	лт ини пот спеск а	DUX UITIIIIE 14, 19	a, OF TYD, CHECK TO	iis dux aiiu see ins	แนบแบที่	

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Schedule A (Form 990) 2023

Page 3

Schedule A (Form 990) 2023 RAIN, INC. 56-1825247 Page **4** 

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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ı a	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		
	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	4.4		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
	Ton B. Type i supporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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		
Sec	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 instructions)	<b>)-</b>		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	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			
L	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	2b		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
_	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 RAIN, INC. 56-1825247 Page **6** 

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
_3_	Other gross income (see instructions)	3				
_4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
_7	Other expenses (see instructions)	7				
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
_7_	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 RAIN, INC. 56-1825247 Page 7

Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continu	ıed)				
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer		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 - pro	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 the	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9_	Distributable amount for 2023 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ns	(iii) Distributable Amount for 2023			
_1_	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
_3_	Excess distributions carryover, if any, to 2023							
a	From 2018							
<u>       b</u>	From 2019							
<u> </u>	From 2020							
	From 2021							
	From 2022							
	Total of lines 3a through 3e							
	Applied to underdistributions of prior years							
	Applied to 2023 distributable amount							
<u> </u>	Carryover from 2018 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D, line 7:							
	Applied to underdistributions of prior years							
	Applied to 2023 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
	Remaining underdistributions for years prior to 2023, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in <b>Part VI.</b> See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2019							
b	Excess from 2020							
c	Excess from 2021							
	Excess from 2022							

Schedule A (Form 990) 2023

e Excess from 2023

Schedule A	(Form 990) 2023	RAIN,	INC.				56-182	5247	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	, 2, 3b, 3c lines 2 an	, 4b, 4c, 5a, 6, 9a d 3; Part IV, Secti	a, 9b, 9c, 11a, 1 ion E, lines 1c, 2	1b, and 11c; Par 2a, 2b, 3a, and 3	rt IV, Section B, b; Part V, line 1;	lines 1 and 2; Part ; Part V, Section B,	, line 12; IV, Section ( line 1e; Part	Ο,
	(===,,								

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No. 1545-0047

2023

Employer identification number

R	AIN, INC.	56-1825247			
Organization type (check	cone):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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				
	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.			
_	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor				
Special Rules					
sections 509(a)( <sup>-</sup> contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one			
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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$					
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ing requirements of Schedule B (Form 990).				
For Paperwork Reduction A	ct Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)			

Schedule B (Form 990) (2023) Page **2** 

Name of organization

Employer identification number

56-1825247

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- - \$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	Total contributions  - \$ 183,451.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  73,995.	Person X Payroll
(a)	(b)	(c)	(d)
<b>No.</b> 5	Name, address, and ZIP + 4	Total contributions  - \$ 58,516.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 <u>6</u>	Ivallie, audi ess, aliu ZIP + 4	\$ 526,736.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

56-1825247

Partii	(see instructions). Use duplicate copies of Part I	i it additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

Schedule B (Form 990) (2023) Page **4** 

Name of organization **Employer identification number** RAIN, INC. 56-1825247 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

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

Name of the organization **Employer identification number** RAIN, INC 56-1825247 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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Schedule D (Form 990) 2023

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

	edule D (Form 990) 2023 RAIN, INC.							56-182		Pi	age 2
Par	rt III   Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	easures, o	r Other	Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	following that	make sig	gnificant	use of its			
	collection items (check all that apply).										
а	Public exhibition	C	t	Loan or exc	hange progra	am					
b	Scholarly research	6		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explain	n how th	ey further th	ne organizatio	n's exem	pt purpo	se in Part 2	KIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be m	aintained as part of t	he orgar	nization's co	llection?				Yes		No
Par	rt IV Escrow and Custodial Arran								ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for	contribution	ns or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
					Amoun	t					
С	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on F						y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planatio	n has been	provided in P	art XIII					
Par	rt V Endowment Funds Complete in	f the organization an	swered "	'Yes" on For	m 990, Part I	IV, line 10	).				
		(a) Current year	(b) F	rior year	(c) Two year	rs back (	( <b>d)</b> Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g	g, column (a)	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held ar	nd administer	ed for the	9		,		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	/, line 11a. S	See Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or o		` '	or other		cumulate	<b>I</b>	<b>(d)</b> Boo	k valu	е
		basis (investr	ment)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings				683,834.			379.		660,	
С	Leasehold improvements				5,330.			330.			0.
d	Equipment				81,781.		66,	857.		14,	924.

Schedule D (Form 990) 2023

169,022.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

1,104,427.

935,405.

1,610,784.

Schedule D (Form 990) 2023 RAIN, INC.			56-1825247	Page 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes" of	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 e	end-of-year market	value
(1) Financial derivatives				
(A)				
(3) Other				
· · · · · · · · · · · · · · · · · · ·				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	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 e	end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5) (c)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	T	
(a) [	Description		(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, col.	/D))			
Part X Other Liabilities	(D))		· I	
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line	25	
(a) Description of liability	mir omi ooo, r are iv, iino	The of Thi. ede Form ede, Fare X, line	<b>(b)</b> Book	value
			(b) Book	value
(1) Federal income taxes				760 761
(2) LEASE PAYABLE				762,761.
(3) LOAN PAYABLE				264,941.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X, line 25. col.	(B))		1.	027,702.
2 Liability for uncertain tax positions. In Part XIII. provide t	` "	the organization's financial statement	· · · · · · · · · · · · · · · · · · ·	•

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 Schedule D (Form 990) 2023 NC. 56-1825247

Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With R	levenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,886,641.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities		182,655.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	182,655.
3	Subtract line 2e from line 1			3	7,703,986.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	)		5	7,703,986.
Pai	T XII Reconciliation of Expenses per Audited Financial Sta		Expenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total expenses and losses per audited financial statements			1	7,962,733.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities		142,215.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	142,215.
3	Subtract line 2e from line 1			3	7,820,518.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		5	7,820,518.
	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	•	•	l; Part X, lir	ne 2; Part XI,
		.,			
PART	'X, LINE 2:				
	,				
THE	ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXE	MPT FROM			
INCC	ME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE	CODE AND			
CLAS	SIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PR	IVATE			
FOUN	DATION.				
THE	ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW A	ND			
EXAM	INATION BY FEDERAL, STATE AND LOCAL AUTHORITIES. THE ORG	ANIZATION IS			
	·				
NOT	AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXE	MPT STATUS.			
THE	ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT ARE SUBJ	ECT TO TAX ON			
UNRE	LATED BUSINESS INCOME OR EXCISE OR OTHER TAXES.				
					<u> </u>

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

### 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

2023

Open to Public Inspection

Name of the organization  RAIN_INC.						Employer ide 56-182524	ntification number
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1		
required to complete this par  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, P b If "Yes," list the 10 highest paid indiccompensated at least \$5,000 by the	ed funds through any of the following Solicita S	tion of tion of fundra (includ	non-g gover aising ding of onal fo	overnment grants nment grants events fficers, 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				
Tabal	I.		<u> </u>				
Total     List all states in which the organization or licensing.	on is registered or licensed to solicit o			I or has been notified	it is	exempt from re	<u>l</u> gistration
or ilcensing.							
For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990 or	990-E	Z.			Schedule	G (Form 990) 2023

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 (add col. (a) through AIDS WALK GAY BINGO col. (c)) (event type) (event type) (total number) 203,867. 153,726. 145,348. 502,941. 1 Gross receipts 203,867 153,726. 145,348. 502,941. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 12,875. 35,364. 48,239. 6 Rent/facility costs 31,025. 112. 4,450. 26,463. 7 Food and beverages 1,000. 1,490. 439 2,929. 8 Entertainment 22,060. 26,155. 11,880. 60,095. 9 Other direct expenses ..... 142,288. **10** Direct expense summary. Add lines 4 through 9 in column (d) -142,288. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III 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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 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: \_

Schedule G (Form 990) 2023

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Schedule G	(Form 990) 2023 RAIN, INC. 5	6-1825247	Page <b>3</b>
11 Does th	ne organization conduct gaming activities with nonmembers?	Yes	☐ No
	rganization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	inister charitable gaming?	Yes	No
	e the percentage of gaming activity conducted in:		
	panization's facility	13a	%
			——————————————————————————————————————
	side facility	13b	90
14 Enter tr	ne name and address of the person who prepares the organization's gaming/special events books and records:		
Name			
Addres	s		
15a Does th	ne organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
<b>b</b> If "Yes,	enter the amount of gaming revenue received by the organization \$ and the amount	t	
of gami	ng revenue retained by the third party \$		
	" enter name and address of the third party:		
· ,	one have and address of the time party.		
Name			
Name			
A -1 -1			
Addres	S		
<b>16</b> Gaming	manager information:		
Name			
Gaming	manager compensation \$		
Descrip	ation of services provided		
·	•		
	Director/officer Employee Independent contractor		
	bilector/officer Employee independent contractor		
<b>47</b> Manalat			
	tory distributions:		
	rganization required under state law to make charitable distributions from the gaming proceeds to		<b>—</b>
retain tl	ne state gaming license?	····· Yes	∟ No
	ne amount of distributions required under state law to be distributed to other exempt organizations or spent in the	e	
organiz	ation's own exempt activities during the tax year \$		
Part IV	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	l Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
-			

Schedule (Florm 980) PATM, TNC. 55-1823247 Page 4 Part IV Supplemental Information (continued)	Schedule G	(Form 990)	RAIN,	INC.	56-1825247	Page 4
	Part IV	Supplemental Inform	nation	(continued)		
	-					

### **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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** 56-1825247 RAIN INC PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: CARE PLAN, DEVELOPED IN COLLABORATION WITH THEIR MEDICAL CASE MANAGER, THE PLAN IDENTIFIES AND ADDRESSES BARRIERS THAT IMPACT HEALTH AND WELLNESS. THE ULTIMATE GOAL FOR MCM CLIENTS IS TO ACHIEVE AND MAINTAIN HIV VIRAL SUPPRESSION. IN 2023, 92 INDIVIDUALS WERE SERVED WITH MEDICAL CASE MANAGEMENT -MENTAL HEALTH SERVICES - ON-SITE AND TELEHEALTH COUNSELING FOR CLIENTS THROUGH ONE-ON-ONE SESSIONS AND SUPPORT GROUPS TO ADDRESS ISSUES THAT IMPACT INDIVIDUALS LIVING WITH HIV. SERVICES ARE PROVIDED BY THREE LICENSED THERAPISTS IN ENGLISH AND/OR SPANISH. IN IN 2023, 78 INDIVIDUALS WERE SERVED IN THE MENTAL HEALTH PROGRAM. -PREP / PEP PROGRAMS PREP (PRE-EXPOSURE PROPHYLAXIS) AND PEP (POST-EXPOSURE PROPHYLAXIS ) IS A BIOMEDICAL HIV PREVENTION STRATEGY FOR HIV NEGATIVE PEOPLE THAT REDUCES THE RISK OF CONTRACTING THE VIRUS. RAIN CONNECTS HIV NEGATIVE PEOPLE TO A PRESCRIBING PHYSICIAN TO OBTAIN MEDICATIONS TO REDUCE THE RISK OF CONTRACTING HIV. IN 2023, 131 INDIVIDUALS WERE SERVED IN THIS PROGRAM -HEALTH INSURANCE ASSISTANCE SERVICES - EXPERT GUIDANCE FOR UNINSURED INDIVIDUALS LIVING WITH HIV. INCLUDING: ASSISTANCE WITH REVIEWING ELIGIBLE HEALTH CARE PLANS, ENROLLMENT IN APPROPRIATE, AFFORDABLE COVERAGE. AND PREMIUM ASSISTANCE FOR THOSE THAT QUALIFY. IN 2023. INDIVIDUALS WERE SERVED THROUGH THE HEALTH INSURANCE ASSISTANCE SERVICES.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Schedule O (Form 990) 2023	Page 2
Name of the organization RAIN, INC.	Employer identification number 56-1825247
SERVICES FOR THE SPANISH SPEAKING COMMUNITY - STAFF MEMBERS ADDRESS	
UNIQUE CULTURAL BARRIERS TO HEALTHCARE AND ENGAGE CLIENTS IN MEDICAL	
CARE WITH THE GOAL OF LONG TERM RETENTION AND VIRAL SUPPRESSION. IN	
2023, 20% OF CLIENTS SERVED BY RAIN IDENTIFIED AS HAVING LATINO	
ETHNICITY.	
- EARLY INTERVENTION SERVICES (EIS) PREFORMS OUTREACH ACTIVITIES TO	
IDENTIFY INDIVIDUALS LIVING WITH HIV WHO ARE NOT IN CARE OR THOSE THAT	
ARE UNAWARE OF THEIR HIV STATUS. IN 2023, 124 INDIVIDUALS WERE SERVED	
THROUGH THE EIS PROGRAM.	
- HIV TESTING IS PERFORMED TO IDENTIFY INDIVIDUALS WHO ARE LIVING WITH	
HIV AND UNAWARE OF THEIR STATUS OR AT RISK. HIV TESTING STAFF LINK	
INDIVIDUALS WHO ARE TESTING TO FOLLOW-UP CARE DEPENDING ON THEIR UNIQUE	
NEEDS. HIV/STD TESTING IS OFFERED AT OUR MAIN OFFICE (MONDAY THROUGH	
FRIDAY FROM 9AM TO 5PM AND WEDNESDAY EVENINGS FROM 5 TO 7PM), AT OUR	
DROP IN CENTER (MONDAY THROUGH FRIDAY 9AM TO 5PM, THURSDAY EVENINGS	
FROM 5 TO 7PM, AND SATURDAYS FROM 11AM TO 3PM), AND IN THE COMMUNITY.	
IN 2023, 1484 PEOPLE WERE TESTED BY RAIN'S OUTREACH DEPARTMENT.	
- EASE (ENHANCING WELLNESS THROUGH AFFIRMING SERVICES AND EDUCATION)	
RAIN PARTNERS WITH CREW TO HELP INDIVIDUALS DECIDE IF THEY ARE READY	
FOR TREATMENT THROUGH A HOLISTIC WELLNESS PROGRAM THAT FOCUSES ON HARM	
REDUCTION BASED ONE-ON-ONE COUNSELING, GROUP SUPPORT AND SUBSTANCE USE	
TREATMENT. IN 2023, RAIN STAFF SERVED 14 INDIVIDUALS THROUGH THIS	
PARTNERSHIP.	

Schedule O (Form 990) 2023 Page 2

Name of the organization  RAIN, INC.	Employer identification number 56-1825247
-AWARENESS, PREVENTION EDUCATION, AND OUTREACH EVENTS RAIN PROVIDES	
FREE PROGRAMS TO EDUCATE THE COMMUNITY ON THE STATE OF HIV IN OUR	
COMMUNITY, HIV?STI PREVENTION, AND PROMOTING THE END OF HIV STIGMA. IN	
2023, 73 PEOPLE ATTENDED AWARENESS AND/OR PREVENTION EDUCATION.	
-IN 2023, RAIN SERVED 572 UNIQUE INDIVIDUALS. 93.71% LIVE AT OR BELOW	
300% OF THE FEDERAL POVERTY LEVEL. 15% OF CLIENTS UTILIZED MULTIPLE	
SERVICES AT RAIN.	
FORM 990, PART VI, SECTION B, LINE 11B:	
RAIN'S INTERNAL AFFAIRS COMMITTEE REVIEWS FORM 990 IN DETAIL WITH THE	
PREPARER THEN PROVIDES A COPY TO THE FULL BOARD AND ALLOWS FOR ONE WEEK TO	
ENTERTAIN QUESTIONS AND COMMENTS FROM THE FULL BOARD BEFORE FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD HAS REGULAR MEETINGS AND MONITORS DURING THESE MEETINGS WHETHER	
THERE EXISTS ANY POSSIBILITY OF A CONFLICT OF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
EMPLOYEE SALARIES ARE AT THE DISCRETION OF THE CEO/PRESIDENT. SHE REQUESTS	
MARKET INFORMATION FROM SHARED SERVICES AND THEN DISCUSSES WITH THE	
INTERNAL AFFAIRS COMMITTEE. NO BOARD VOTE IS REQUIRED.	
THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	_
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

RAIN, INC.

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

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Schedule R (Form 990) 2023

56-1825247

Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes'	on Form 990, Part IV, line 30	3.					_
(a)  Name, address, and EIN (if applicable)  of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea	I	Direct c	( <b>f)</b> ontrolling tity	J
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34, I	pecause it had one	e or more re	elated tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) controlling entity	Section 5 contr	olled
THE HAVENS INC - 56-1914862  1319-CC MILITARY CUT-OFF ROAD #121  WILMINGTON, NC 28405	PROVIDE HOUSING OPTIONS AND CARE FOR PERSONS LIVING WITH HIV AND AIDS.	NORTH CAROLINA	501(C)(3)	501(c)(3))	RAIN, I	NC .	Yes	No X
,					,			

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

	organization from the first tear year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportionate Code V-UE		Code V-UBI	Gene	ral or	Percentage ownership
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514) income end-of-year assets   end-of-year assets   Yes   No		amount in box 20 of Schedule	parti	ner?	ownersnip			
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

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

Page 2

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Page 3

Х

Yes No

1a

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

b	Gift, grant, or capital contribution to related organization(s)				1b	Х			
С	Gift, grant, or capital contribution from related organization(s)				1c	Х			
	Loans or loan guarantees to or for related organization(s)				1d	Х			
	Loans or loan guarantees by related organization(s)				1e	Х			
f	Dividends from related organization(s)				1f	Х			
g	Sale of assets to related organization(s)				1g	Х			
h	Purchase of assets from related organization(s)				1h	Х			
i	Exchange of assets with related organization(s)				1i	Х			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	х			
	Performance of services or membership or fundraising solicitations for related organ				11	х			
	Performance of services or membership or fundraising solicitations by related organ	. ,			1m	Х			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х			
					10	Х			
Sharing of paid employees with related organization(s)									
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses									
r	Other transfer of cash or property to related organization(s)				1r	х			
	Other transfer of cash or property from related organization(s)				1s	Х			
	If the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," and "Yes,"								
	<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved				
(1)									
(2)									
(-)									
(3)									
\- <i>,</i>									
(4)									
(5)									
(6)									
332163	09-28-23			Schedule	R (Form 9	90) 2023			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000

Schedule F	RAIN, INC.	56-1825247	Page <b>5</b>
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		
	Provide additional minimation for responses to questions on schedule n. See instructions.		

### Form **8868**

(Rev. January 2024)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** 56-1825247 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 601 EAST 5TH STREET, SUITE 510 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHARLOTTE, NC 28202 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of ASCEND NONPROFIT SOLUTIONS 601 E. FIFTH ST., STE. 510 - CHARLOTTE, NC 28202 Telephone No. (704)943-9525 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 and attach a list with the names and TINs of all members the extension is for. . If it is for part of the group, check this box ..... , 20 24 I request an automatic 6-month extension of time until NOVEMBER 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 20 23 or \_\_\_\_\_ , 20 \_\_\_\_ , and ending \_\_\_ tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h 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. Зс