# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

A F	or th	e 201	5 calendar year, or tax year begin	ning ,	2015, a	and end	ing	_		, 20
_			C Name of organization					D Employer ide	entifica	tion number
<b>D</b> 0	heck if ap		A PRECIOUS CHILD, INC.							
	Addre		Doing Business As					26-3349	334	
	Name	change	Number and street (or P.O. box if mail is a	not delivered to street address)	R	loom/suite	,	E Telephone n	umber	
	Initial	return	557 BURBANK STREET, UN	IIT E				(303) 46	6 – 42	272
	Termi	inated	City or town, state or province, country, a	nd ZIP or foreign postal code						
	Amen		BROOMFIELD, CO 80020					<b>G</b> Gross receip	ts \$	6,608,198.
	Applio pendi	cation	F Name and address of principal officer:	CARINA MARTIN				H(a) Is this a grousubordinates		for Yes X No
	·	ŭ	557 BURBANK STREET, UN	IIT E BROOMFIELD, C	08 00	020		H(b) Are all subord		uded? Yes No
П	Tax-ex	empt st	atus: X 501(c)(3) 501(c) (	) <b>◀</b> (insert no.) 4947	(a)(1) or	5	527	If "No," attac	h a list.	(see instructions)
J	Websi	ite: 🕨	WWW.APRECIOUSCHILD.ORG					H(c) Group exemp	otion nur	mber <b>&gt;</b>
K	Form o	of organ	nization: X Corporation Trust	Association Other >		L Year	of forma	tion: 2008 <b>M</b>	State o	f legal domicile: CO
P	art I	Sui	mmary							
	1	Briefly	/ describe the organization's mission or	most significant activities: A	PRECI	cous c	HILD,	INC. IS	DEVO	TED TO
ė		MAK	ING A POSITIVE IMPACT IN	THE LIVES OF DISA	DVANT	ΓAGED	AND D	ISPLACED		
Jan		CHI	LDREN AND FAMILIES IN CC	LORADO BY IMPROVIN	G THE	EIR QU	ALITY	OF LIFE.		
Governance	2	Check	this box	scontinued its operations or d	isposed	of more t	han 25%	of its net assets	 3.	
Ó	3	Numb	er of voting members of the governing	body (Part VI, line 1a)					3	14.
•ජ ග			er of independent voting members of the						4	14.
Ţ.			number of individuals employed in cale						5	27.
ctivities &			number of volunteers (estimate if necess						6	3,503.
¥	7a	Total	unrelated business revenue from Part VI	II, column (C), line 12					7a	0.
			nrelated business taxable income from I						7b	0.
								Prior Year		Current Year
Φ	8	Contri	butions and grants (Part VIII, line 1h)				٦	4,593,42	2.	6,459,957.
ž	9	Progra	am service revenue (Part VIII, line 2g)		COPY	FOR			0.	0.
Revenue	10	Invest	ment income (Part VIII, column (A), line	s 3, 4, and 7d)	ILIC INS	PECTION	1	1,59	4.	740.
œ	11		revenue (Part VIII, column (A), lines 5,				_	-4,06	55.	-97,375.
	12		revenue - add lines 8 through 11 (must				_	4,590,95	1.	6,363,322.
	13	Grant	s and similar amounts paid (Part IX, colu	mn (A), lines 1-3)				3,63	37.	11,991.
	14	Benef	its paid to or for members (Part IX, colui	mn (A), line 4)					0.	0.
S	15		es, other compensation, employee bene		510,89	4.	736,143.			
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)				63	37.	0.
xbe	b	Total 1	fundraising expenses (Part IX, column ([	D), line 25) ▶ 119	837.					
Ш			expenses (Part IX, column (A), lines 11a					3,697,82	6.	4,984,518.
	18	Total	expenses. Add lines 13-17 (must equal	Part IX, column (A), line 25)				4,212,99	4.	5,732,652.
	19	Rever	nue less expenses. Subtract line 18 from	line 12				377,95	7.	630,670.
s or							Begir	ning of Current Y	'ear	End of Year
sets	20	Total a	assets (Part X, line 16)					926,33	5.	1,557,046.
Net Assets or Fund Balances	21	Total I	liabilities (Part X, line 26)					42,62	20.	42,661.
<u>8</u> ₽	22	Net as	ssets or fund balances. Subtract line 21	from line 20				883,71	5.	1,514,385.
Pa	rt II	Sig	gnature Block							
			of perjury, I declare that I have examined thi complete. Declaration of preparer (other than						my kr	nowledge and belief, it is
- truc	5, 00110	T and	complete. Declaration of preparer (other than	onicer) is based on all information	Of Willeri	preparer	ilas ally k	liowiedge.		
ei.	m									
Sig He			Signature of officer					Date		
пе	E		CARINA MARTIN	CE	0					
			Type or print name and title							
Paid	4	Print/	Type preparer's name	Preparer's signature		Date		Check	if P1	ΓIN
	a parer	SHE	LLEY A OWENS , CPA					self-employe	ed E	00517745
	only	Firm's	sname ▶ GHP HORWATH, P.C	•				Firm's EIN	84-1	.156277
		Firm's	address > 1801 CALIFORNIA STREET,		12			Phone no.	303-	831-5000
May	the I	RS dis	cuss this return with the preparer showr	above? (see instructions)						X Yes No
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions.						Form <b>990</b> (2015)

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P	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
•	A PRECIOUS CHILD, INC IS A 501(C)(3) NONPROFIT ORGANIZATION DEVOTED	
	TO MAKING A POSITIVE IMPACT IN THE LIVES OF DISADVANTAGED AND	
	DISPLACED CHILDREN AND FAMILIES IN COLORADO BY IMPROVING THEIR	
	QUALITY OF LIFE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	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 program	
9		X No
	services? Yes If "Yes," describe these changes on Schedule O.	14U
4	· · · · · · · · · · · · · · · · · · ·	rad by
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	-
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	others
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 464,420.\text{ including grants of \$ \text{)}}\) (Revenue \$ \text{)}	
	THE FILL A BACKPACK (F.A.B.) PROGRAM OPERATES DURING THE SUMMER	
	MONTHS LEADING UP TO THE BEGINNING OF THE SCHOOL YEAR. THIS	
	PROGRAM SUPPLIES CHILDREN WITH NECESSARY SCHOOL SUPPLIES WHOSE	
	FAMILIES OTHERWISE COULD NOT AFFORD THEM. IN 2015, THE F.A.B.	
	PROGRAM PROVIDED OVER 8,474 BACKPACKS FILLED WITH SCHOOL SUPPLIES	
	TO NEEDY CHILDREN.	
_		
4b	(Code:) (Expenses \$4,014,793. including grants of \$) (Revenue \$)	
	PRECIOUS ESSENTIALS PROVIDED CLOTHING, SHOES AND OTHER ESSENTIALS	
	TO CHILDREN AND FAMILIES WHO ARE DESPERATELY IN NEED. IN 2015 OVER	
	\$2,170,705 IN CLOTHING, COATS, SHOES, AND OTHER ESSENTIALS WERE	
	PROVIDED TO NEARLY 12,346 COLORADO RESIDENTS.	
4 -	(Code) \(\(\Gamma\) \(\Gamma\)	
4C	(Code:) (Expenses \$) (Revenue \$)	
	PRECIOUS GIFT PROVIDED GIFTS TO NEEDY CHILDREN DURING THE	
	MONUMENTAL TIMES IN THEIR LIVES SUCH AS BIRTHDAYS AND DURING THE	
	HOLIDAY SEASON. MORE THAN 7,779 CHILDREN WERE PROVIDED WITH	
	BIRTHDAY AND HOLIDAY PRESENTS IN 2015 AT A VALUE OF OVER \$375,104.	
	The second of th	
اء 4	Other program services (Describe in Schedule O.) ATTACHMENT 1	
4 <b>0</b>	Other program services (Describe in Schedule O.) ATTACHMENT 1  (Expenses \$ 631,517. including grants of \$ ) (Revenue \$ )	

Form 990 (2015) Page **3** 

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Part	Checklist of Required Schedules			
complete Schedule A. 2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Wes," complete Schedule C, Part I.  3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Wes," complete Schedule C, Part I.  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.  5 Is the organization as earlien 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II.  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.  7 Did the organization maintain collections of works of art, historical tressures, or other similar assets? If "Yes," complete Schedule D, Part II.  8 Did the organization for amount 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 Did the organization is answer to any of the following questions is "Yes," complete Schedule D, Part V.  10 Did the organization shall yet a complete Schedule D, Part V.  11 If the organization shall yet or any of the following questions is "Yes," complete Schedule D, Part V.  12 Did the organization shall yet or any of the following questions is "Yes," complete Schedule D, Part V.  13 Did the organization shall yet or any of the following pustions is "Yes," complete Schedule D, Part V.  14 Did the organization shall yet or any of the f				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.  2 X  3 Did the organization required to complete Schedule C, Part I.  3 X  5 Section 501(c)(3) organizations, Did the organization engage in lobbying activities, or have a section 501(h) decision in effect during the tax year? If "rea." complete Schedule C, Part II.  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 delined in Revenue Procedure 98-19? If "res," complete Schedule C, Part III.  5 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 "res," complete Schedule D, Part II.  7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic and areas, or historic structures? If "res," complete Schedule D, Part III.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "res," complete Schedule D, Part III.  9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "res," complete Schedule D, Part III.  10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "res," complete Schedule D, Part V.  10 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 "res," complete Schedule D, Part V.  11 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 "res," complete Schedule D, Part V.  12 Did the organization servers V. line 16? If "res," complete Schedule D, Part X III I	1				
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office of "Ves," complete Schedule C, Part I.  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.  5 Is the organization association of 501(c)(4), 501(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide addise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I, .  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, .  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II, .  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 V, .  10 Did the organization is itsed in Part X, in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in Part X, line 10 part X, lin			1		
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election in effect during the tax year? If "Yes," complete Schedule C, Part II.  Is the organization a section 501c(14), 501c(15), 60 registation that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.  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 II.  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 III.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  Did the organization infectly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV.  If the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI, VII, VIII, IX, or X as applicable.  Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for other			3		X
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Part III.  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.  Did the organization review 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 III.  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, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed 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 repart, or debt negotiation services? If "Yes," complete Schedule D, Part VI.  Did the organization report an amount for lollowing questions is "Yes," then complete Schedule D, Part VI.  If the organization in report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.  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 VIII.  Did the organization report an amount for other liabilities 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 XIII.  Did the organization report an amount for other liabilities in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII.  Did the organization is beparate, included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X II.  Did the organization have aggregate revenues or expenses of more than \$10,000 from part	5	- · · · · · · · · · · · · · · · · · · ·			
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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.  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 III.  8 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, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed 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 V.  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  11 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part V.  12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.  13 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 VIII.  2 Did the organization report an amount for investments-program related in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  2 Did the organization report an amount for other isabilities in Part X, line 15 that is 5% or more of its total ass			5		
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c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	b	· ·			
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13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	b		12h		x
Did the organization maintain an office, employees, or agents outside of the United States?	13				
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		= 111111111			
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foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	-				
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.  15 X  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.  18 X  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			14b		Х
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	15				-
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assistance to 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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	•		16		Х
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17				
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			17		Х
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-		18	Х	
	19				
			19		Х

Form 990 (2015) Page 4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	$ \hbox{Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on } \\$			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.4		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		Х
22	Part I	31		
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
0-1	or IV, and Part V, line 1	34		Х
35 a	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	X	

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Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		Х
	account)?	4a		A
D	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-	37	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
Ч	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	initiation root and capital continuation moraded on rate vin, into 12 1111111111111111111111111111111111			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		-23

JSA 5E1040 1.000 Form 990 (2015) A PRECIOUS CHILD, INC. 26-3349334 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	o, or 10b below,	describe the circumstances,	processes,	or changes in	Schedule O.	See instructions.
Chack if Schodula O co	ontaine a reener	see or note to any line in this D	Ort \/I			T.

sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	_	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	X	
b	Describe in 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 in Schedule O how this was done	12c	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in 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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial 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 record CARINA MARTIN 557 BURBANK STREET, UNIT E BROOMFIELD, CO 80020 303-466-4272	s: ►		

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Form 990 (2015) A PRECIOUS CHILD, INC. 26-3349334

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

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

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	Point check ox, unless position of the positio			is both	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		W W	lee			sated				
COCADINA MADEIN	40.00									
_(1)CARINA MARTIN	40.00	37		3,7						0
FOUNDER/CEO	0.	X		Х				0.	0.	0
_(2)LAURA_RINKER	3.00	Х		х					0.	0
CHAIR CODAVE KRAUCE	3.00	Λ		^				0.	0.	0
_(3)DAVE_KRAUSEVICE-CHAIR	0.	Х		х				0.	0.	0
(4)BILL UNREIN	3.00	Λ		^				0.	0.	0
TREASURER		X		х				0.	0.	0
(5)KAREN FREY	3.00	Λ		Λ				0.	0.	0
SECRETARY		X		Х				0.	0.	0
(6)MIKE KING	3.00	21		25				0.	0.	0
DIRECTOR	<del></del>	X						0.	0.	0
(7)FRANK MILINAZZO	3.00	21						0.	0.	0
DIRECTOR	<del></del>	X						0.	0.	0
(8)NAGESH ANUPINDI	3.00							<u> </u>	0.	
DIRECTOR		Х						0.	0.	0
(9)NANCY CLARK	3.00							0.		
DIRECTOR		Х						0.	0.	0
(10)MARK HUGHES	3.00									
DIRECTOR		Х						0.	0.	0
(11)ANDY CONIGLIARO	3.00									
DIRECTOR		Х						0.	0.	0
(12)KIRSTEN DELANEY	3.00									
DIRECTOR	0.	Х						0.	0.	0
(13)LAURINDA PANG	3.00									
DIRECTOR	0.	Х						0.	0.	0
(14)MICHAEL SANDSTRUM	3.00									
DIRECTOR	0.	Х	1		1	1	l	0.	0.	0

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	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and F	lig	hest Compensat	ed Employ	yees (c	ontinue		age <b>o</b>
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted)  Average hours per week (list any hours for related organizations below dotted)  Average hours per week (list any hours for related organizations below dotted)  Average hours per week (list any hours for related organization of related organization organization organization of related organization organiz					on from d tions	other compensation					
			-											
	Sub-total							<b>&gt;</b>	0.		0.			0.
	Total from continuation sheets to Part VII, Solution (add lines 1b and 1c)	_						<b>&gt;</b>	0.		0.			0.
	Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				o re	ceived more than	\$100,000	of			
													Yes	No
3	Did the organization list any former offic													Х
4	employee on line 1a? If "Yes," complete Schede For any individual listed on line 1a, is the											3		
7	organization and related organizations gre	eater than	\$15	0,0	00?	If	"Yes					4		Х
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		Х
Se	ction B. Independent Contractors											•		
1	Complete this table for your five highest comcompensation from the organization. Report of year.													
	<b>(A)</b> Name and business add	Iress							(B) Description of se	ervices	C	(C) compens	sation	
								+						

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to ar	ny line in this Part VI	II		X
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ıts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
S, C	С	Fundraising events 1c	703,584.				
ia gi	d	Related organizations 1d					
ns, Sim	е	Government grants (contributions) 1e	57,274.				
er 3	f	All other contributions, gifts, grants,					
ë f		and similar amounts not included above . 1f	5,699,099.				
ng P	g	Noncash contributions included in lines 1a-1f: \$	4,997,149.				
	h	Total. Add lines 1a-1f		6,459,957.			
Program Service Revenue			Business Code				
eve	2a						-
ě	b						
Ξ̈́	С						
Se	d						
ran	е						
rog	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividen					7.40
	,	and other similar amounts). ATTACHMENT		740.			740.
	5	Income from investment of tax-exempt bond Royalties	•	0.			
		(i) Real	(ii) Personal	0.			
			(ii) i diddiidii				
	6a	Gross rents					
	b	Less: rental expenses					
	d	Rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other	0.			
	١,,	assets other than inventory	( ) = 1 = 1				
	_						
	b	Less: cost or other basis					
		and sales expenses					
	d	Gain or (loss)	<b>•</b>	0.			
	8a	Gross income from fundraising		0.			
Other Revenue	Оа	events (not including \$	ATCH 3				
eve		of contributions reported on line 1c).					
Ř		See Part IV, line 18	147,501.				
the	h	Less: direct expenses b					
0	C	Net income or (loss) from fundraising events	ATCH 4 ▶	-97,375.			-97,375.
		Gross income from gaming activities.		21,213,			11,575
	""	See Part IV, line 19 a					
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory.	▶	0.			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.	<u></u>	6,363,322.		<u> </u>	-96,635.

### 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).

Do	Check if Schedule O contains a response not include amounts reported on lines 6b, 7b,	onse or note to any line  (A)  Total expenses	e in this Part IX  (B)  Program service	(C) Management and	(D) Fundraising
8b,	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	11,991.	11,991.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	0			
_	persons described in section 4958(c)(3)(B)	0.	F00 001	60.400	00.400
	Other salaries and wages	655,079.	502,081.	62,499.	90,499.
8	Pension plan accruals and contributions (include	0			
	section 401(k) and 403(b) employer contributions)	0.	20 775	2 220	F 046
9	' '	28,150.	20,775.	2,329.	5,046.
10	Payroll taxes	52,914.	40,895.	4,930.	7,089.
	Fees for services (non-employees):	0			
	Management	0.			
	Legal	10,000.	9,000.	1,000.	
	Accounting	0.	9,000.	1,000.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	2,902.	2,612.	290.	
40	(A) amount, list line 11g expenses on Schedule O.)	13,018.	9,769.	1,052.	2,197.
	Advertising and promotion	35,552.	33,254.	2,298.	2,171.
	Office expenses	18,691.	14,269.	1,594.	2,828.
	Information technology	0.	11,200.	1,351.	2,020.
15	Royalties	166,842.	148,992.	15,360.	2,490.
	Occupancy	0.	110,752.	137300.	2,100.
	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	0.			
10	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	3,436.	3,436.		
	Insurance	4,993.	4,334.	483.	176.
	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PROGRAM MATERIALS	4,681,998.	4,681,998.		
b	VEHICLE EXPENSES	4,694.	4,603.	91.	
С	CREDIT CARD FEES	19,958.	15,359.	1,891.	2,708.
d	STAFF DEVELOPMENT EXPENSES	9,681.	6,839.	1,685.	1,157.
е	All other expenses	12,753.	5,639.	1,467.	5,647.
	Total functional expenses. Add lines 1 through 24e	5,732,652.	5,515,846.	96,969.	119,837.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here   if				
	following SOP 98-2 (ASC 958-720)	0.			

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### Part X Balance Sheet

ше	III	Dalatice Stieet					
		Check if Schedule O contains a response of	r not	e to any line in this P	art X	<u></u>	x
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			484,319.	1	757,836.
	2	Savings and temporary cash investments			0.	2	0.
	3	Pledges and grants receivable, net			6,200.	3	20,820.
	4	Accounts receivable, net			0.	4	0.
	5	Loans and other receivables from current and t	forme	r officers, directors,			
		trustees, key employees, and highest co	mpe	nsated employees.			
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0.	5	0.
	6	Loans and other receivables from other disqualified persistence 4958(f)(1)), persons described in section 4958(c)(3)(B).					
		and sponsoring organizations of section 501(c)(9) volu	ntary	employees' beneficiary	_		
Ŋ		organizations (see instructions). Complete Part II of Sche	dule L		0.	-	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
As	8	Inventories for sale or use			374,080.	8	704,514.
	9	Prepaid expenses and deferred charges			41,919.	9	32,781.
	10 a	Land, buildings, and equipment: cost or		26.000			
			10a		6 085		0.000
		Less: accumulated depreciation			6,875.		27,930.
	11	Investments - publicly traded securities			12,942.		13,165.
	12	Investments - other securities. See Part IV, line 11					0.
	13	Investments - program-related. See Part IV, line 11				13	0.
	14	Intangible assets				14	0.
	15	Other assets. See Part IV, line 11			926,335.		1,557,046.
_	16	Total assets. Add lines 1 through 15 (must equal			15,370.	16	42,661.
	17 18	Accounts payable and accrued expenses	0.	17 18	42,001.		
	19	Grants payable	27,250.		0.		
	20	Deferred revenue	0.		0.		
	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Pa	0.		0.		
s	22	Loans and other payables to current and for			<u> </u>		0.
Liabilities		trustees, key employees, highest compen					
ig		disqualified persons. Complete Part II of Schedule			0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelate					0.
	24	Unsecured notes and loans payable to unrelated			0.		0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines		l l			
		of Schedule D			0.	25	0.
	26	Total liabilities. Add lines 17 through 25			42,620.	26	42,661.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here   X and			
auc	27	Unrestricted net assets			866,640.	27	1,336,621.
Bal	28	Temporarily restricted net assets			5,000.	28	165,689.
Fund Balances	29	Permanently restricted net assets		<u></u> [	12,075.	29	12,075.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 🔛 and			
ts (	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or equ	ipmer			31	
Net Assets	32	Retained earnings, endowment, accumulated inco				32	
Net	33	Total net assets or fund balances			883,715.	33	1,514,385.
_	34	Total liabilities and net assets/fund balances	<u> </u>		926,335.	34	1,557,046.
							Form <b>990</b> (2015)

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Part					
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,3	63,3	322.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,7	32,6	52.
3	Revenue less expenses. Subtract line 2 from line 1	3	6	30,6	570.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8	83,7	15.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,5	14,3	85.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled 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 aud				ĺ
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	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 according to the selection of the selection of an independent according to the selection of the	•	2c		X
	If the organization changed either its oversight process or selection process during the tax year, or				
	Schedule O.				
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in			
Ja	the Single Audit Act and OMB Circular A-133?	c TOTAL III	3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	lergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b		

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **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.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection

A I	PRECIOUS CHILD, INC.					26	-3349334
Pa	rt I Reason for Public Cha	rity Status (All o	organizations must o	complet	e this pa	art.) See instructions	).
The	organization is not a private fou	ndation because it	is: (For lines 1 through	gh 11, ch	neck only	one box.)	
1	A church, convention of chi	urches, or associa	tion of churches desc	ribed in <b>s</b>	section 1	70(b)(1)(A)(i).	
2	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 9	90 or 990	)-EZ).)	
3	A hospital or a cooperative	hospital service o	rganization described	in <b>sectic</b>	n 170(b)	(1)(A)(iii).	
4	A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and s	tate:					
5	An organization operated	for the benefit of	a college or universit	ty owne	d or ope	erated by a governme	ental unit described in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6	A federal, state, or local go	overnment or gove	rnmental unit describe	d in <b>sec</b> t	tion 170(	b)(1)(A)(v).	
7	X An organization that normal	ally receives a sub	stantial part of its su	ipport fr	om a go	vernmental unit or fro	om the general public
	described in section 170(b)	)(1)(A)(vi). (Compl	ete Part II.)				
8	A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9	An organization that norma	ally receives: (1) m	nore than 331/3 % of	its supp	ort from	contributions, memb	ership fees, and gross
	receipts from activities rel	ated to its exemp	t functions - subject	to certa	in excep	otions, and (2) no mo	ore than 331/3% of its
	support from gross invest	tment income an	d unrelated business	taxable	e income	e (less section 511	tax) from businesses
	acquired by the organizatio	n after June 30, 19	975. See <b>section 509</b>	(a)(2). (	Complete	Part III.)	
10	An organization organized	and operated excl	usively to test for publi	ic safety.	See sec	tion 509(a)(4).	
11	An organization organized	and operated excl	usively for the benefit o	of, to pe	rform the	functions of, or to ca	rry out the purposes of
	one or more publicly suppo	orted organizations	described in section !	509(a)(1	) or sect	ion 509(a)(2). See se	ction 509(a)(3). Check
	the box in lines 11a through	h 11d that describe	es the type of support	ing orga	nization	and complete lines 11	e, 11f, and 11g.
а	Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	the supported organization	on(s) the power to	regularly appoint or e	elect a m	najority o	f the directors or trus	tees of the supporting
	organization. You must c	omplete Part IV, S	ections A and B.				
b	Type II. A supporting org	anization supervis	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
	control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or mar	age the supported
	organization(s). You must	complete Part IV	, Sections A and C.				
С	Type III functionally inte	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functiona	lly integrated with,
	its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.	
d	Type III non-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
	that is not functionally into	egrated. The orgar	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
	requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	ınd D, an	d Part V.	
е	Check this box if the orga	anization received	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type	II, Type III
	functionally integrated, or	Type III non-funct	ionally integrated sup	porting (	organizat	tion.	
f	Enter the number of supported	l organizations					
g	Provide the following information						_
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9			(v) Amount of monetary	(vi) Amount of
			above (see instructions))	,	ur governing ment?	support (see instructions)	other support (see instructions)
					T		
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Tot							

Schedule A (Form 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,503,068.	2,153,165.	3,554,586.	4,593,422.	6,459,957.	18,264,198.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,503,068.	2,153,165.	3,554,586.	4,593,422.	6,459,957.	18,264,198.
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)						0.
6	Public support. Subtract line 5 from line 4.						18,264,198.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,503,068.	2,153,165.	3,554,586.	4,593,422.	6,459,957.	18,264,198.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			79.	1,594.	740.	2,413.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						18,266,611.
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup						00 00 01
14	Public support percentage for 2015 (li		-			14	99.99%
15	Public support percentage from 2014					15	
1 6a	331/3% support test - 2015. If the o	•					
L	this box and <b>stop here.</b> The organization	•		•			• • • —
Ø	331/3% support test - 2014. If the content this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2	•					
ı ı a		-					
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
	organization			J	•		<b>&gt;</b>
h	10%-facts-and-circumstances test - 2						and line
D	15 is 10% or more, and if the organic	-					
	Explain in Part VI how the organizati						-
	supported organization				•	•	
18	Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	
	instructions						· · · · · ·

Schedule A (Form 990 or 990-EZ) 2015 Page 3

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(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 performed, 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 business under section 513						
4	Tax revenues levied for the	1					
	organization'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	1					
6	Total. Add lines 1 through 5	1					
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6.						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd. third. fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and <b>stop here</b>	•			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8			mn (f))		15	%
16	Public support percentage from 2014 Sche					16	%
	tion D. Computation of Investmen					1 1	/0
17	Investment income percentage for 2015 (li			13. column (f))		17	%
18	Investment income percentage for 2013 (in					18	
	331/3% support tests - 2015. If the or						
. J a	17 is not more than 331/3%, check th	-					. —
h	331/3% support tests - 2014. If the orga			•			
D	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization			-			. —

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#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

Secu	on A. An Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
2-				
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in 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 <b>Part VI.</b>	9с		
10 a	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 10b below.	10a		
b		. 54		

10b

determine whether the organization had excess business holdings.)

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scneau	ile A (Form 990 or 990-Ez) 2015		- 1	age <b>J</b>
Part	Supporting Organizations (continued)		· ·	
4.4			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 in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b> on B. Type I Supporting Organizations	11c		
Secti	on B. Type I Supporting Organizations		Vaa	N <sub>a</sub>
			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> 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 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 <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Socti		2		
Jecti	on C. Type II Supporting Organizations		Yes	No
_			162	INO
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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	4		
Secti	on D. All Type III Supporting Organizations	1		
Jecil	On D. All Type III Supporting Organizations		Yes	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	IAO
	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		
•		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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2				
3	By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	<u> </u>		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	one).	
	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	a acti	JII3).	
a b	The organization satisfied the Activities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inetru	otiono1	
U	The organization supported a governmental entity. Describe in Fait viriow you supported a government entity (see	แเงแน	Yes	
2	Activities Test. Answer (a) and (b) below.		163	140
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 <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	20		
	และ เทองอ สอแทนอง ออกงแนเอน จนองเสทนสมทู สม อก แง สอแทนอง.	2a		
b	Did the activities described in (a) 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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	O.L		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	٥.		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		l

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations	5	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. <b>See ir</b>	structions. All
other Type III non-functionally integrated supporting organizations must con	nplete Se	ections A through E.	
Section A - Adjusted Net Income		(A) Drior Voor	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% 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 .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functionall	y-integra	ted Type III supporting	g organization (see
instructions).	-		

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Schedule A (Form 990 or 990-EZ) 2015 Page **7** 

Part '	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page **8** 

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

#### Schedule B (Form 990, 990-EZ, or 990-PF)

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

**Employer identification number** 

A PRECIOUS CHILD, INC. 26-3349334 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

			26-3349334
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$\$a,000.	Person X Payroll Noncash

(Complete Part II for noncash contributions.)

			20-3349334
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 6,179.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 11,050.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

			26-3349334
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\\$\	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$5,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$.	Person X Payroll Noncash (Complete Part II for

noncash contributions.)

			26-3349334
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I Con	tributors (s	see instructions).	Use duplicate copies of	Part I if additional	space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,155.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$58,025.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$6,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		7 275	Person X Payroll
		\$ 7,275.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for

Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
		Coo aupilicate copies of fait i	ii aaaiiionai opaoo io nooaoa

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$35,500.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$5,815.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
37		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
38		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
39		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
40		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
41		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
42		\$\$ 40,930.	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
43		\$ 20,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
44		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
45		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
46		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
47		\$\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
48		\$ 22,058.	Person Payroll Noncash (Complete Part II for noncash contributions.)		

			26-3349334
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$\$,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

26-3349334

art II 🛮 N	Noncash Property	(see instructions).	Use duplicate cop	oies of Part II if additional	space is needed.
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(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
		\$	

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Name of organization A PRECIOUS CHILD, INC.	Employer identification number
	26-3349334
Part III Exclusively religious, charitable, etc., contributions to organizations described	l in section 501(c)(7), (8), or

No.	(b) Purpose of gift	onal space is needed.  (c) Use of gift	(d) Description of how gift is held		
art I	_				
_		(e) Transfer of gift			
_	Transferee's name, address, and		Relationship of transferor to transferee		
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
-	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee		
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
$-\begin{vmatrix} - \\ - \end{vmatrix}$					
l l	(e) Transfer of gift				

#### **SCHEDULE D** (Form 990)

# 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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number

	PRECIOUS CHILD, INC.	<del></del>	26-3349334
Pa	Organizations Maintaining Donor Advis		
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets	s held in donor advised
_	funds are the organization's property, subject to the	_	
6	Did the organization inform all grantees, donors, ar	_	
•	only for charitable purposes and not for the benefi		
	conferring impermissible private benefit?		
Da	Int II Conservation Easements.		
Га	Complete if the organization answered "	Yes" on Form 990 Part IV line	7
1	Purpose(s) of conservation easements held by the		<i>T</i> .
•			anting of a historically increased land and
	Preservation of land for public use (e.g., recre		vation of a historically important land area
	Protection of natural habitat	Preserv	vation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribu	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified h	istoric structure included in (a)	2c
d	Number of conservation easements included in (c)	acquired after 8/17/06, and not o	n a
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, trans		
	tax year		, ,
4	Number of states where property subject to conser	vation easement is located	
5	Does the organization have a written policy regard		
_	violations, and enforcement of the conservation eas	= -	-
6	Staff and volunteer hours devoted to monitoring, inspecti		
•	b	rig, manding or violations, and omoron	ng concertation cacomonic during the year
7	Amount of expenses incurred in monitoring, inspecti	ng handling of violations and enfor	cing conservation easements during the year
•	S	ng, nanding of violations, and emor	ong conservation casements during the year
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of	f section 170(h)(4)(R)(i)
0	•	•	` ' ' ' '
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easemen	J	illianciai statements that describes the
Da	int III Organizations Maintaining Collections		Other Similar Assets
Га	Complete if the organization answered		
1a	If the organization elected, as permitted under SF, works of art, historical treasures, or other similar	AS 116 (ASC 958), not to report	in its revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the for	otnote to its financial statements th	at describes these items.
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar	assets held for public exhibition	
	public service, provide the following amounts relating	=	
	(i) Revenue included in Form 990, Part VIII, line 1.		
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art	, historical treasures, or other sin	milar assets for financial gain, provide the
	following amounts required to be reported under SF		
а	Revenue included in Form 990, Part VIII, line 1		<b> ▶</b> \$
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 Page **2** 

Par								
3	Using the organization's acquisition	, accession, and c	ther records, chec	k any of th	e follow	ing that are a sigr	nificant use	e of its
	collection items (check all that apply	r):						
а	Public exhibition		d Loan	or exchange	e progran	ns		
b	Scholarly research		e Othe	-				
С	Preservation for future genera	ations						
4	Provide a description of the organi	zation's collections	and explain how	they further	r the org	janization's exemp	t purpose	in Part
	XIII.							
5	During the year, did the organization	solicit or receive d	onations of art, his	torical treas	ures, or c	other similar		
	assets to be sold to raise funds rathe	er than to be mainta	nined as part of the	organization	n's collec	tion?	Yes	No
Par	Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.							
1a	Is the organization an agent, trustee	e, custodian or othe	er intermediary for	contributions	or other	assets not		
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in	Part XIII and comp	lete the following ta	ıble:				
						Amount		
С	Beginning balance			1c				
d	Additions during the year			1d				
е	Distributions during the year			1e				
f	Ending balance			1f				
	Did the organization include an amo					_	Yes	No
	If "Yes," explain the arrangement in	Part XIII. Check he	ere if the explanatio	n has been p	rovided o	on Part XIII		
Par								
	Complete if the organization			_				
		(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance	12,942.	11,890.					
b	Contributions			12	2,075.			
С	Net investment earnings, gains,							
	and losses	223.	1,052		-185.			
d	Grants or scholarships							
	Other expenditures for facilities							
	. '							
f	Administrative expenses							
	End of year balance	13,165.	12,942.	11	.,890.			
2	Provide the estimated percentage of	of the current year of	end balance (line 1	, column (a)	) held as:			
	Board designated or quasi-endowme		_%					
b	Permanent endowment ▶ 100.00	000_%						
С	Temporarily restricted endowment							
	The percentages on lines 2a, 2b, ar	•						
3a	Are there endowment funds not in the	ne possession of th	e organization tha	are held ar	nd admin	istered for the		
	organization by:						Ye	
	(i) unrelated organizations						<b>3a(i)</b> X	
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related	•	•				3b	
4	Describe in Part XIII the intended us		tion's endowment fu	ınds.				
Par	t VI Land, Buildings, and Equip Complete if the organizati	<b>oment.</b> on answered "Ye	s" on Form 990	Part IV line	11a S	ee Form 990 Pai	rt X line 1	0
	Description of property	(a) Cost or		or other basis			d) Book value	
	Land	(invest		other)		eciation	-	
1a	Land							
b	Buildings							
	Leasehold improvements							
d	Equipment			36,992.		9,062.	27	,930.
	Other							
Tota	I. Add lines 1a through 1e. (Column (	(d) must equal Forn	n 990, Part X, colun	nn (B), line 1	0c.)	▶	27	,930.

Schedule D (Form 990) 2015 Page **3** 

Part VII	Investments - Other Securities.  Complete if the organization answered	l "Yes" on Form 990	) Part IV line 11h See Form 990 Par	rt X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market val	
(1) Financia	al derivatives			
	held equity interests			
/ <b>/ / /</b>				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.  Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11c. See Form 990, Par	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
	, ,		Cost or end-of-year market val	lue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	\/	Doubly line 44 d. Co. France 000 De	at V. Bara 45
	Complete if the organization answered			
	(a) De	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) ı	line 15.)	•	
Part X	Other Liabilities. Complete if the organization answered line 25.		•	90, Part X,
1.	(a) Description of liability	(b) Book valu	ıe l	
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>		

Χ

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

A PRECIOUS CHILD, INC. 26-3349334

Schedu	le D (Form 990) 2015		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	7,161,375.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	798,053.
3	Subtract line 2e from line 1	3	6,363,322.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	4.	
c	Add lines 4a and 4b	4c	6 262 222
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,363,322.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	m.	
1	Total expenses and losses per audited financial statements	1	6,530,705.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	798,053.
3	Subtract line 2e from line 1	3	5,732,652.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
_ C	Add lines 4a and 4b	4c	F 730 CF0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,732,652.
	XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III,	rt \/ li	no 1: Part Y line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	110 4, 1 art 7, mic
SEE	PAGE 5		

Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

FIN 48 (ASC 740) FOOTNOTE

THE ORGANIZATION IS OPERATED AS A NONPROFIT ORGANIZATION EXEMPT FROM

FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME TAX FOR THE YEARS ENDED

DECEMBER 31, 2015 AND 2014. THE ORGANIZATION RECOGNIZES TAX LIABILITIES

WHEN, DESPITE THE ORGANIZATION'S BELIEF THAT ITS TAX RETURN POSITIONS ARE

SUPPORTABLE, THE ORGANIZATION BELIEVES THAT CERTAIN POSITIONS MAY NOT BE

FULLY SUSTAINED UPON REVIEW BY TAX AUTHORITIES. BENEFITS FROM TAX

POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER

THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT. THE

ORGANIZATION HAS CONCLUDED THERE IS NO TAX LIABILITY OR BENEFIT REQUIRED

TO BE RECORDED AS OF DECEMBER 31, 2015 OR 2014. THE ORGANIZATION IS NO

LONGER SUBJECT TO FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAXING

AUTHORITIES FOR YEARS PRIOR TO 2012.

PART XII LINE 2D

FUNDRAISER EVENT EXPENSES: \$21,724

DIRECT BENEFIT TO DONORS: \$143,937

-----

\$165,661

PART XI LINE 2D

NET FUNDRAISING REVENUES: \$165,661

Page 5

#### **SCHEDULE G** (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number A PRECIOUS CHILD, INC. 26-3349334 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2015

	,								
Pa	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.								
		4.5 5 4.84	4) 5	( ) ( ) (					

		gross receipts greater than \$5,0	00.						
			(a) Event #1 GALA	(b) Event #2 LUNCHEON	(c) Other events	(d) Total events (add col. (a) through			
4			(event type)	(event type)	(total number)	col. <b>(c)</b> )			
Revenue	1	Gross receipts	562,092.	149,874.	218,334.	930,300			
œ		Less: Contributions	458,182.	149,874.	174,743.	782,799			
	3	Gross income (line 1 minus line 2)	103,910.		43,591.	147,501			
	4	Cash prizes							
	5	Noncash prizes							
Expenses	6	Rent/facility costs							
ct Exp	7	Food and beverages							
Direct	8	Entertainment							
	9	Other direct expenses	154,338.	24,580.	65,958.	244,876			
	10	Direct expense summary. Add lines	4 through 9 in column (d)	)		244,876			
	11	Net income summary. Subtract line 1	10 from line 3, column (d	)	<u> ▶</u>	-97,375			
Pa	rt l	Gaming. Complete if the orgathan \$15,000 on Form 990-E		es" on Form 990, Par	rt IV, line 19, or repo	orted more			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Rev	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
		Volunteer labor	Yes%	Yes% No	Yes% No				
	7	Direct expense summary. Add lines 2	2 through 5 in column (d						
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	<b>&gt;</b>				
	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:								
		ere any of the organization's gaming "Yes," explain:	licenses revoked, suspe			. Yes No			

Sched	ule G (Form 990 or 990-EZ) 2015						
11	Does the organization conduct gaming activities with nonmembers?						
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity						
	formed to administer charitable gaming?						
13	Indicate the percentage of gaming activity conducted in:						
а	The organization's facility						
b	An outside facility						
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:						
	Name ▶						
	Address ▶						
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?						
b	the state of the s						
	amount of gaming revenue retained by the third party > \$						
С	If "Yes," enter name and address of the third party:						
	Name ▶						
	Address ▶						
16	Gaming manager information:						
	Name ▶						
	Gaming manager compensation ►\$						
	Description of services provided ▶						
	Director/officer						
17	Mandatory distributions:						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to						
	retain the state gaming license?						
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations						
	or spent in the organization's own exempt activities during the tax year ▶ \$						
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).						

Schedule G (Form 990 or 990-EZ) 2015

## SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

2015
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization						Employer identifica	ition number
A PRECIOUS CHILD, INC.						26-3349334	
Part I General Information on Grants a	nd Assistanc	e				•	
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's proc</li> </ol>	ints or assistan	ce?					X Yes No
Part II Grants and Other Assistance to 990, Part IV, line 21, for any reci							s" on Form
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) a							
3 Enter total number of other organizations	s listed in the li	ne 1 table				<u></u>	

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

Schedule I (Form 990) (2015)

A PRECIOUS CHILD, INC.

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS TO PARTICIPATE IN TEAM SPORTS	39.	11,991.			
2					
3					
4					
5					
5					
7					

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I QUESTION 2

SCHOLARSHIP CHECKS ARE NEVER WRITTEN DIRECTLY TO THE RECIPIENT OF THE

SCHOLARSHIP. SCHOLARSHIP CHECKS ARE WRITTEN PAYABLE TO THE SPORTS LEAGUE

OR SCHOOL, AND A LETTER IS INCLUDED THAT CLEARLY STATES THE NAME OF THE

CHILD WHO IS THE RECIPIENT OF THE SCHOLARSHIP.

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 26-3349334

A PRECIOUS CHILD, INC. Part I Types of Property

гаі	Types of Froperty							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		4,047,285.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►( ATCH 1 )			949,864.				
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for				
	which the organization completed f				29			
			, –	,			Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	erty reported in Part I, line	s 1 through			
	28, that it must hold for at least th				_			
	to be used for exempt purposes for	•			•	30a		Х
b	If "Yes," describe the arrangement in		51					
31	Does the organization have a		tance policy that require	es the review of anv r	non-standard			
	contributions?					31		Х
32a	Does the organization hire or use							

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

**b** If "Yes," describe in Part II.

describe in Part II.

Schedule M (Form 990) (2015)

32a

contributions?.....

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Χ

Schedule M (Form 990) (2015) Page **2** 

Part II Suppleme

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

#### SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION_	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
SCHOOL SUPPLIES	X		367,897.	FMV
PRESENTS	X		375,104.	FMV
SPORTS EQUIPMENT	X		127,148.	FMV
AUCTION ITEMS	X		79,215.	FMV
EQUIPMENT	X		500.	FMV
TOTALS			949,864.	

## SCHEDULE O

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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 990-EZ.

Name of the organization

A PRECIOUS CHILD, INC

Employer identification number 26-3349334

FORM 990, PART VI, SECTION B, LINE 12C

INQUIRIES ARE MADE AT BOARD MEETINGS TO ENSURE THAT EVERY MEMBER IS IN

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

THE ORGANIZATION DETERMINES EMPLOYEE COMPENSATION BY LOOKING AT MARKET

COMPARISIONS, BUDGET ALLOWANCES AND PERFORMANCE REVIEWS.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL INFORMATION AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 11B

BEFORE FILING THE 990 IT IS REVIEWED BY THE CEO AND VICE PRESIDENT OF

FINANCE & HUMAN RESOURCES AND THEN FORWARDED TO THE EXECUTIVE COMMITTEE

OF THE BOARD OF DIRECTORS FOR THEIR FINAL REVIEW AND APPROVAL. A COPY IS

PROVIDED TO THE ENTIRE BOARD OF DIRECTORS. ONCE OFFICIALLY APPROVED, IT

IS FILED WITH THE IRS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION GRANTS EXPENSES REVENUE

PRECIOUS BOUTIQUE PROVIDED CLOTHING AND 54,636.

BASIC NECESSITIES TO 341 FAMILIES IN NEED.

BASICS 4 BABIES PROVIDED DIAPERS, WIPES, 313,672.

FORMULA AND OTHER BABY ESSENTIALS TO

ATTACHMENT

Schedule O (Form 990 or 990-EZ) 2015 Page 2 Name of the organization Employer identification number A PRECIOUS CHILD, INC. 26-3349334 ATTACHMENT 1 (CONT'D) FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION GRANTS EXPENSES REVENUE 1,565 FAMILIES IN NEED. GIVESPORTS PROVIDED SCHOLARSHIPS AND SPORTS 199,588. EQUIPMENT TO 4,333 CHILDREN IN NEED. THE LEARNING CENTER ENSURES THAT EVERY CHILD 55,784. WHO COMES TO THE RESOURCE CENTER IS PROVIDED WITH A SAFE SPACE THAT ENCOURAGES STEM-BASED LEARNING AND COMPLEMENTS THEIR ACADEMIC STUDIES. 735 CHILDREN WERE SERVED IN 2015. TRUANCY INTERVENTION PROVIDED INCENTIVE 7,837. AWARDS TO STUDENTS WHO HAVE IMPROVED ATTENDENCE IN SCHOOL AS AN EARLY INTERVENTION INITIATIVE. 301 CHILDREN WERE SERVED IN 2015. TOTALS 631,517. ATTACHMENT 2 FORM 990, PART VIII - INVESTMENT INCOME (A) (B) (C) (D) TOTAL RELATED OR UNRELATED EXCLUDED DESCRIPTION REVENUE EXEMPT REVENUE BUSINESS REV. REVENUE INTEREST INCOME 740. 740. 740. 740. TOTALS

Name of the organization	Employer identification number
A PRECIOUS CHILD, INC.	26-3349334
ATTACHMENT 3	

#### FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
GOLF TOURNAMENT	52,150.
BROOMFIELD HEROES LUNCHEON	149,874.
DENVER HEROES LUNCHEON	83,020.
GALA	391,257.
OTHER FUNDRAISING	27,283.
TOTAL	703,584.

#### ATTACHMENT 4

#### FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	39,256.	39,694.	-438.
BROOMFIELD HEROES LUNCHEON		24,580.	-24,580.
DENVER HEROES LUNCHEON		20,071.	-20,071.
GALA	103,910.	154,338.	-50,428.
OTHER FUNDRAISING	4,335.	6,193.	-1,858.
TOTALS	147,501.	244,876.	-97,375.

	ATTACHMENT 5
FORM 990, PART X - DEFERRED REVENUE	
	ENDING
DESCRIPTION	BOOK VALUE
DEFERRED REVENUE	
ΤΩΤΔΙ.ς	