Form <b>990</b>
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### \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service A For the 2023 cal

,		0 for instructions and the latest information		
enda	ar year, or tax year beginning	and ending		

Ba	Check if applicabl	c Name of organization		D Employer identific	ation number		
	Addre	A PRECIOUS CHILD, INC.					
	Name						
	Initial return	<b>V</b>	Room/suite	26-334933 E Telephone number			
	Final return		noon, ouno	303-466-4			
	termin			G Gross receipts \$	15,642,657.		
	Amen			H(a) Is this a group re			
	Applic			for subordinates?			
	pendir	<sup>19</sup> SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in			
1	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 527		list. See instructions		
	Vebsi			H(c) Group exemption	n number		
ΚF	orm of	organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 2008 N	State of legal domicile: CO		
Pa	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: A PRE	ECIOUS	CHILD EMPOW	VERS		
Activities & Governance		CHILDREN IN NEED TO ACHIEVE THEIR FULL PO	TENTIA	L.			
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)			5		
5	4	Number of independent voting members of the governing body (Part VI, line 1b)			5		
es Se	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			74		
iviti	6	Total number of volunteers (estimate if necessary)			7600		
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.			
				Prior Year	Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)		20,183,132.	15,118,918.		
/ent	9	Program service revenue (Part VIII, line 2g)	0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,970.	43,523.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>26,150.</u> 20,220,252.	<u>133,853.</u> 15,296,294.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,821,019.	10,379,517.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		14,021,019.	0.		
	40	Benefits paid to or for members (Part IX, column (A), line 4)		3,047,275.	3,513,104.		
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
en e	h	Total fundraising expenses (Part IX, column (A), line 25)1,127,67	70.	Ű.			
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,599,161.	2,318,868.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		19,467,455.	16,211,489.		
		Revenue less expenses. Subtract line 18 from line 12		752,797.	-915,195.		
or	3			ginning of Current Year	End of Year		
Assets ( Balanc	20	Total assets (Part X, line 16)		12,860,285.	12,054,812.		
Ass	21	Total liabilities (Part X, line 26)		4,753,473.	4,834,612.		
Net-	-	Net assets or fund balances. Subtract line 21 from line 20		8,106,812.	7,220,200.		
Pa	art II	Signature Block		· · ·			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer				Date			
Here	ERIC GLEASON, CEO & PRESI	DENT						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN		
Paid	SAM BRUNSON, CPA	SAM BRUNSON	, CPA	11/13	/24 self-employed	P01696998		
Preparer	Firm's name WIPFLI LLP				Firm's EIN 39-	0758449		
Use Only	Firm's address 105 E. PINE ST, U	PPER FLOOR						
	MISSOULA, MT 5980	2			Phone no. $406$ .	728.1800		
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

Form	990 (2023) A PRECIOUS CHILD, INC. 26-3349334 Page
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: A PRECIOUS CHILD PROVIDES CHILDREN IN NEED WITH OPPORTUNITIES AND
	RESOURCES TO EMPOWER THEM TO ACHIEVE THEIR FULL POTENTIAL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 8,479,757. including grants of \$ 6,565,867. ) (Revenue \$ 0.
	PRECIOUS ESSENTIALS PROVIDES CLOTHING, COATS, SHOES, FOOD, TOILETRIES,
	HOME GOODS, AND OTHER ESSENTIALS TO CHILDREN AND THEIR FAMILIES
	STRUGGLING WITH POVERTY OR EMERGENCY SITUATIONS THROUGH OUR MAIN
	RESOURCE CENTER AND 50 SATELLITE RESOURCE CENTERS ACROSS THE DENVER METRO AREA. IN 2023, A VALUE OF NEARLY \$6.5 MILLION IN ESSENTIALS WERE
	PROVIDED TO OVER 28,060 LOCAL RESIDENTS IN NEED.
	TROVIDED TO OVER 20,000 DOCAL RESIDENTS IN NEED:
4b	(Code:) (Expenses \$ 1,791,243. including grants of \$ 1,333,723.) (Revenue \$ 0.
	BASICS 4 BABIES PROVIDES BASIC NECESSITIES SUCH AS DIAPERS, WIPES, AND BABY GEAR TO FAMILIES WITH INFANTS WHO WOULD OTHERWISE RATION THESE
	PRODUCTS OR GO WITHOUT. THE PROGRAM ALSO PROVIDES ACCESS TO BRIGHT BY
	THREE KITS AS A MEANS OF POSITIVELY IMPACTING EARLY LITERACY SKILLS,
	DEVELOPMENT, HEALTH, AND SAFETY OF THE CHILDREN. IN 2023, BASICS 4
	BABIES PROVIDED DIAPERS, WIPES, FORMULA, AND OTHER BABY ESSENTIALS TO
	7,700 INFANTS AND TODDLERS IN NEED.
4c	(Code:) (Expenses \$1, 439, 860. including grants of \$1, 073, 824. ) (Revenue \$0.
	FILL A BACKPACK PROGRAM PROVIDES BACKPACKS FILLED WITH
	GRADE-APPROPRIATE SCHOOL SUPPLIES TO CHILDREN IN NEED TO MAXIMIZE THEIR
	ACADEMIC POTENTIAL. IN 2023, FILL A BACKPACK PROVIDED BACKPACKS TO
	18,109 CHILDREN IN NEED.
4d	1 2
4-	(Expenses \$         2,684,770.         including grants of \$         1,406,103.         (Revenue \$         5,889.         14,395,630.
<u>4e</u>	Total program service expenses 14,395,630. Form 990 (20)
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 Form 990 (2023)
 A PRECIOUS CHILD, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
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?			х
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
d		11a	x	
h	Part VI	<u> 11a</u>		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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 A PRECIOUS CHILD, INC.
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 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
		24u		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
U		28c		x
00	"Yes," complete Schedule L, Part IV	200	х	- 23
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	<b>–</b> "		<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00	- 12	I
	Check if Schedule O contains a response or note to any line in this Part V			
	טוופטע וו סטוופטעוב ט נטווגמווז מ ובשטטושב טו זוטנב נט מוזץ ווווב וו נוווש דמוג ע		<b>V</b> -	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a 5</b>			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
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Form	990 (2023) A PRECIOUS CHILD, INC.	26-3349	334	P	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1 1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 74			
	filed for the calendar year ending with or within the year covered by this return			Х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax return Did the exception have unrelated business group income of \$1,000 pr more during the uppr2		2b 3a	~	x
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i>	•	3b		<u></u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		30		
та	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		х
b	If "Yes," enter the name of the foreign country				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (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 transa		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 th				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a	X	
			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			37
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo		7f		
g b	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
U	sponsoring organization have excess business holdings at any time during the year?	by the	8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40		
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
U	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	130			
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.			0000	
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lan	agement	and	Disclosure	

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Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7	'b below, and for a "No" res	sponse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See ins		
	Check if Schedule O contains a response or note to any line in this Part VI		X

		Ι.Ι	<b>-</b>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		_		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?		2		x
3	Did the organization delegate control over management duties customarily performed by or under the		–		
-			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				x
5	Did the organization become aware during the year of a significant diversion of the organization's ass				X
6	Did the organization have members or stockholders?				x
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				
1a	more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, 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				
а	The governing body?		<u>8a</u>		
b	Each committee with authority to act on behalf of the governing body?			Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		X
<u>ec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	/enue Code.)			
				Yes	N
10a	Did the organization have local chapters, branches, or affiliates?		10;	3	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha				
		• • • •	10	5	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			a X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	0			
l2a			12	a X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe			
	on Schedule O how this was done				-
13	Did the organization have a written whistleblower policy?				
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by independent			
а	The organization's CEO, Executive Director, or top management official		15	a X	
	Other officers or key employees of the organization		15	b X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a			
	taxable entity during the year?		16	3	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's			
	exempt status with respect to such arrangements?		16	<b>b</b>	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, an	d 990-T (section 50 <sup>-</sup>	1(c)(3)s only	) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
0		on Schedule O)		no:-!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	muct of interest polic	y, and fina	ncial	
~	statements available to the public during the tax year.	las and as a l			
20	State the name, address, and telephone number of the person who possesses the organization's boo THE ORGANIZATION $-303-466-4272$	ks and records			
_0					
	7051 W 118TH AVE, BROOMFIELD, CO 80020			m <b>990</b>	

Form 990	(2023)
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Part VII	Compensation of Officers	, Directors, Trustees,	, Key Employees,	<b>Highest Compens</b>	ated
-	Employees, and Independ	ent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	<b>C)</b> ition			<b>(D)</b> Reportable	(E)	<b>(F)</b> Estimated
Name and title	Average hours per		(do not check mor box, unless persor			than o		compensation	Reportable compensation	amount of
	week		cer an	dad	irecto	r/trus <sup>:</sup>	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 NEO	and related
	below	vidual .	Institutional trustee	er	Key employee	Highest compensated employee	ner	,		organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) CARINA MARTIN	40.00									
CO-CEO & FOUNDER				Х				129,626.	0.	0.
(2) MICHAEL PAINTER	40.00									
CHIEF PHILANTHROPY OFFICER						X		125,204.	0.	2,800.
(3) ERIC GLEASON	40.00									
CO-CEO & CFO (THRU 2/2023)				Х				122,769.	0.	0.
(4) JAMES ANTHONY	40.00									
VP OF FINANCE				Х				83,711.	0.	1,680.
(5) ANDY CONIGLIARO	5.00									-
CHAIR (THRU 10/31/23)		Х		Х				0.	0.	0.
(6) JAYLENE KUNZ	1.00									-
VICE CHAIR		Х		Х				0.	0.	0.
(7) JEANETTE DERN	1.00									
TREASURER (THRU 9/30/23)		Х		Х				0.	0.	0.
(8) TARA ROJAS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(9) NATE CARY	1.00								•	•
DIRECTOR (THRU 3/31/23)		Х						0.	0.	0.
(10) LISA CORLEY	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(11) DAVID DURAN	1.00								0	0
DIRECTOR (THRU 10/31/23)	1 00	X						0.	0.	0.
(12) CATHERINE DAVIS	1.00							•	0	0
DIRECTOR	1 00	X						0.	0.	0.
(13) MICHAEL PENDERGAST	1.00							•	0	0
DIRECTOR		Х						0.	0.	0.
						-				
		-								
		•								
		-								
	<b></b>	1								
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Form 990 (2023)

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2023.05000 A PRECIOUS CHILD, INC.

										9334 Page 8					
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title					rson i	) than c s both pr/trust	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other				
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	from related other organizations compensation (W-2/1099-MISC/ from the 1099-NEC) organization and related organizations					
	Subtotal								461,310.	0					
с  2	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but n		<u></u>		<u></u>				0. 461,310.	0 000 of reportable					
_	compensation from the organization										3 Yes No				
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	uch individual	, 		•		, 			·····	3 X				
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	),000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual	-	4 X				
Sec	rendered to the organization? <i>If "Yes." com</i> tion B. Independent Contractors	plete Schedule	e J fo	or sl	ich i	oers	on .	<u></u>			5 X				
1	Complete this table for your five highest con the organization. Report compensation for t										sation from				
	(A) Name and business address NONE							(B) Description of s	ervices	(C) Compensation					
								_							
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	l to i	thos (		ted	above) who received mo	ore than					
	· · · · · · · · · · · · · · · · · · ·										Form <b>990</b> (2023)				

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Form	<u>1 990 (</u>			CH	LLD, INC.			26-3349	334 Page 9
Pa	rt VII	Statement of Rev	venue						
		Check if Schedule O c	contains a respo	onse o	r note to any line	e in this Part VIII		<u></u>	
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ស ស	1 a	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts	b		1b						
Ω <sup>E</sup>	c				654,414.				
ifts ar A	d	Related organizations							
nila n	e				963,516.				
Sir	f	All other contributions, gifts,							
her		similar amounts not included			13,500,988.				
l d tri	q	Noncash contributions included in I			9,889,947.				
anc	h					15,118,918.			
					Business Code				
Ð	2 a								
ś	Ь								
Ser	с								
am Ser	d								
Program Service Revenue	е								
Pre	f	All other program service	revenue						
	g	Total. Add lines 2a-2f		_					
	3	Investment income (includ							
		other similar amounts)	-			49,823.			49,823.
	4	Income from investment o	f tax-exempt bo	ond pr	oceeds				
	5	Royalties	. <u></u>						
			(i) Rea		(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	с	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of	(i) Securi	ties	(ii) Other				
		assets other than inventory	7a		5,700.				
	b	Less: cost or other basis							
ne		and sales expenses	7b		12,000.				
venue	с	Gain or (loss)	7c		-6,300.				
e e	d	Net gain or (loss)		<u></u>		-6,300.			-6,300.
Other R	8 a	Gross income from fundraisir	ng events (not						
₽		including \$6	554,414. of						
		contributions reported on	line 1c). See						
		Part IV, line 18		8a	396,783.				
	b	Less: direct expenses		8b	330,264.				
	С	Net income or (loss) from t	fundraising eve	nt <u>s</u>		66,519.			66,519.
	9 a	Gross income from gaming							
		Part IV, line 19		9a					
	b	Less: direct expenses		9b					
	С	Net income or (loss) from g	gaming activitie	s					
	10 a	Gross sales of inventory, le	ess returns						
		and allowances		10a	47,410.				
	b	Less: cost of goods sold		10b	4,099.				
	с	Net income or (loss) from s	sales of invento	ory		43,311.	5,889.		37,422.
s				Ļ	Business Code				
e sou	11 a	OTHER INCOME			900099	24,023.			24,023.
Miscellaneous Revenue	b								
llece	с								
Misc	d	All other revenue							
<		Total. Add lines 11a-11d				24,023.			
	12	Total revenue. See instructio	ns			15,296,294.	5,889.	0.	171,487.
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A PRECIOUS CHILD, INC.

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	Form	990	(2023
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A PRECIOUS CHILD, INC. Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must com			nplete column (A).	
	Check if Schedule O contains a respor	ise or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	10 000 010	10 000 010		
	individuals. See Part IV, line 22	10,379,517.	10,379,517.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		014 000	27 001	
	trustees, and key employees	337,785.	214,009.	37,901.	85,875
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		1 820 0.00	200 511	
7	Other salaries and wages	2,738,363.	1,732,968.	309,511.	695,884
8	Pension plan accruals and contributions (include	1 - 104			4 4 5 5
	section 401(k) and 403(b) employer contributions)	15,104.	11,741.	-792. 14,308.	4,155 33,259
9	Other employee benefits	169,650.	122,083.		33,259
10	Payroll taxes	252,202.	162,652.	29,202.	60,348
11	Fees for services (nonemployees):				
а	Management	04.050		<b>F</b> 0.4 <b>F</b>	(52)
b	0	24,258.	15,758.	7,847.	653
	Accounting	19,147.	12,250.	2,241.	4,656
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		126 685	00 000	41 000	C 140
	column (A), amount, list line 11g expenses on Sch 0.)	136,675.	89,323.	41,209.	6,143
12	Advertising and promotion	114,728.	87,584.	2,162.	24,982
13	Office expenses	175,584.	53,976.	109,555.	12,053
14	Information technology	157,379.	96,111.	12,937.	48,331
15	Royalties		104 200	1 001	20 500
16	Occupancy	226,709.	194,326.	1,801.	30,582
17	Travel	22,818.	11,671.	231.	10,916
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings	100 000	1 = 0	00.000	4 105
20	Interest	190,976.	159,063.	27,726.	4,187
21	Payments to affiliates	101 004	101 000	40.000	E 105
22	Depreciation, depletion, and amortization	181,084.	131,279.	42,680.	7,125
23	Insurance	42,326.	36,548.	3,356.	2,422
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DDOODAN EVDENCED	645,859.	645,859.		
b	STAFF AND BOARD DEVELOP	136,082.	82,287.	25,162.	28,633
с	REPAIRS AND MAINTENANCE	101,765.	91,627.	5,279.	4,859
d	SPECIAL EVENTS	28,598.	660.	442.	27,496
е	All other expenses	114,880.	64,338.	15,431.	35,111
25	Total functional expenses. Add lines 1 through 24e	16,211,489.	14,395,630.	688,189.	1,127,670
	<b>*</b>				

Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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12,860,285. 33

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12,054,812.

Form 990 (2023)

					Degining of year		Life of year
	1	Cash - non-interest-bearing			794,178.	1	705,218.
	2	Savings and temporary cash investments			2,723,941.	2	2,693,834.
	3	Pledges and grants receivable, net			268,910.	3	121,667.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or			-		
	-	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disgualif				Ŭ	
	Ŭ	under section 4958(f)(1)), and persons described	•			6	
	7	Notes and loans receivable, net		· · · · · · · · · · · · · · · ·		7	
ets	8				2,240,035.	8	1,926,657.
Assets	9	Inventories for sale or use Prepaid expenses and deferred charges			167,455.	9	96,834.
		· · · · · · · · · · · · · · · · · · ·			107,455.	9	50,0540
	iua	Land, buildings, and equipment: cost or other	10-	6,999,163.			
	<b>b</b>	basis. Complete Part VI of Schedule D		651,482.	6,455,379.	10-	6,347,681.
		Less: accumulated depreciation			46,105.	10c	57,687.
	11	Investments - publicly traded securities			40,105.	11	57,007.
	12	Investments - other securities. See Part IV, line 1		Г		12	
	13	Investments - program-related. See Part IV, line 1		F		13	
	14	Intangible assets			164 000	14	105 004
	15	Other assets. See Part IV, line 11		164,282.	15	105,234.	
	16	Total assets. Add lines 1 through 15 (must equa			12,860,285.	16	12,054,812.
	17	Accounts payable and accrued expenses			189,279.	17	424,179.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of	f Schedule D		21	
s	22	Loans and other payables to any current or form	er office	r, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial co	ntributor, or 35%			
abi		controlled entity or family member of any of thes	e persor	าร		22	
Ξ	23	Secured mortgages and notes payable to unrela	ted third	parties	4,399,912.	23	4,305,961.
	24	Unsecured notes and loans payable to unrelated	third pa	arties		24	
	25	Other liabilities (including federal income tax, pay	/ables to	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D		164,282.	25	<u>    104,472.</u> 4,834,612.	
	26	Total liabilities. Add lines 17 through 25			4,753,473.	26	4,834,612.
		Organizations that follow FASB ASC 958, che	ck here	X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions	6,311,699.	27	6,435,308.		
Bal	28	Net assets with donor restrictions		1,795,113.	28	784,892.	
lpu		Organizations that do not follow FASB ASC 9					
Fui		and complete lines 29 through 33.	,				
Net Assets or Fund Balanc	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc		Г		31	
et /	32			Г	8,106,812.	32	7,220,200.
Ź	52	Total net assets or fund balances		····· -	10,100,012.	JZ	10 054 010

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A PRECIOUS CHILD, INC.

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

Total liabilities and net assets/fund balances

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**(B)** End of year

(A) Beginning of year

Form 990 (2023) Part X Balance Sheet

Form	A PRECIOUS CHILD, INC.	26	-3349334	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,290		
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,21		
3	Revenue less expenses. Subtract line 2 from line 1	3	-91	5,1	95.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,100	5,8	12.
5	Net unrealized gains (losses) on investments	5	28	3,5	83.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,220	),2	00.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	000	L

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

#### Name of the organization

Name	ame of the organization Employer identification number									
_		A PR	ECIOUS CHII	LD, INC.					6-3349334	
Par	tl	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.		
	rgan	ization is not a private found	•	<b>u</b> ,		,				
1		A church, convention of chu				n 170(b)(1	l)(A)(i).			
2 [		A school described in section		·						
3 [		A hospital or a cooperative								
4 [		A medical research organize	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,	
- [		city, and state:						ait al a a suila :		
5 [		An organization operated for		lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in	
<b>o</b> [		section 170(b)(1)(A)(iv). (C		and a low the data set the set for			6.5			
6 [ 	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
7 [	Δ									
8 [		section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9		An agricultural research org			-	ad in coniu	inction with a	land-grant	college	
5		or university or a non-land-g				-		-	-	
		university:	fram boliege of agric			iame, ony	, and state of	the conege		
10		An organization that norma	Ilv receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from	
		activities related to its exem		••			-	•	•	
		income and unrelated busir		-					-	
		See section 509(a)(2). (Cor		. ,			, .		·	
11 [		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).			
12 [		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See <b>section</b> &	509(a)(3).	Check the box on	
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
а		<b>Type I.</b> A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	upporting	
		organization. You must c	complete Part IV, Se	ctions A and B.						
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported	
		organization(s). You mus	-							
С		<b>Type III functionally inte</b>						ly integrate	ed with,	
		its supported organization	.,.,,	•			-			
d		J Type III non-functionally	•					Ũ		
		that is not functionally int			•		-	an attentiv	/eness	
		requirement (see instructi		•						
е		Check this box if the orga					турет, туре	п, туре п		
f	Ento	functionally integrated, or er the number of supported o			ig organiz	ation.				
		vide the following information	•	d organization(s)						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see ir	structions)	support (see instructions)	
Total										

<u> </u>	( <b>F</b>	000	
Schedule A	(⊢orm	990	2020

A PRECIOUS CHILD, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	-		-		-	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	18804873.	11668425.	12081158.	20183132.	<u>15118918.</u>	77856506.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	18804873.	11668425.	12081158.	20183132.	<u>15118918.</u>	77856506.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						77856506.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	18804873.	11668425.	12081158.	20183132.	<u>15118918.</u>	77856506.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	3,037.	6,287.	14,508.	10,970.	49,823.	84,625.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					66,519.	66,519.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				56,533.	24,023.	
11	Total support. Add lines 7 through 10						78088206.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	111,229.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
_	organization, check this box and sto						
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2023 (I	line 6, column (f), d	ivided by line 11, o	column (f))		14	<u>99.70 %</u>
	Public support percentage from 2022					15	99.81 %
<b>1</b> 6a	33 1/3% support test - 2023. If the				14 is 33 1/3% or m	lore, check this bo	
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2022.</b> If the						
<i></i>	and <b>stop here.</b> The organization qua						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circl		•				
18	Private foundation. If the organization	on ala not check a	box on line 13, 16	a, 100, 17a, 0r 17b	o, check this box a		
						Schedule A	(Form 990) 2023

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19a	33	1/	3%	SI	upp	or
		~~~	the	-	20	- /

Schedule A (For	rm
4, 19a, or 19b, check this box and see instructions	
organization qualifies as a publicly supported organization	
ox on line 14 or line 19a, and line 16 is more than 33 1/3%, and	
qualities as a publicity supported organization	• • •

#### (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

A PRECIOUS CHILD, INC.

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

Sec	ction A. Public Support		-	-				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2	2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
	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							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support		•					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2	2023	(f) Total
	Amounts from line 6							••
	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							
0	Add lines 10a and 10b							
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) or	rganizatior	n,
	check this box and stop here	<u></u>	<u></u>	<u></u>	-	<u></u>	<u></u>	
Sec	ction C. Computation of Publi	c Support Pe	rcentage					
15	Public support percentage for 2023 (I	ine 8, column (f), c	divided by line 13,	column (f))		15		%
	Public support percentage from 2022				<u></u>	16		%
Sec	ction D. Computation of Invest	stment Incom	e Percentage					
17	Investment income percentage for 20	<b>)23</b> (line 10c, colu	mn (f), divided by I	ne 13, column (f))		17		%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18		%
19a	33 1/3% support tests - 2023. If the	organization did r				33 1/3%, a	nd line 17	is not
	more than 33 1/3%, check this box ar							
b	33 1/3% support tests - 2022. If the						3 1/3%, ar	nd
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							
-	23 12-21-23		,	. ,			hedule A	(Form 990) 2023

Schedule A (Form 990) 2023

A PRECIOUS CHILD, INC.

1

Yes No

#### Part IV Supporting Organizations

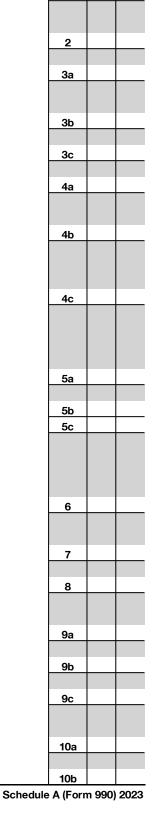
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

#### Section A. All Supporting Organizations

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

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	(Form 990) 2023		PRECIOUS
Part IV	Supporting Orga	anizatio	ns (continued

1

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V. N

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <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 officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

PRECIOUS CHILD, INC.

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated supervised or controlled the supporting organization

SUDEIVISE	<i>. 01 CONTRONE</i>		ny organization.	
Section C. T	ype II Sup	porting Or	ganizations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control or managed
 Image: Contro or managed
 Image: Control or

Section D.	All Type III Supporting Organizations	
		_

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---------------------------------------------------	---------------------------------------------------------------------------------	--

18

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

 Schedule A (Form 990) 2023

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#### All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (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

A PRECIOUS CHILD, INC.

	Add lines 1 through 5.	-		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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	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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function			nization (acc

instructions).

Schedule A (Form 990) 2023

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1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.

Schedule A (Form 990) 2023

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

e Excess from 2023

Schedule A (Form 990) 2023

## A PRECIOUS CHILD, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s <b>3</b>	
_4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	;
_7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
C	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
<u>a</u>	Excess from 2022			

Schedule A (Form 990) 2023

<u>Schedule A</u>	(Form 990) 2023	A PRECIOUS	CHILD, II	NC.	26-3349334 P	<u>age </u> 8
Part VI	Supplemental I Part IV, Section A, li line 1; Part IV, Section	<b>nformation.</b> Provide the nes 1, 2, 3b, 3c, 4b, 4c, 5a, on D, lines 2 and 3; Part IV,	explanations requ 6, 9a, 9b, 9c, 11a, Section E, lines 1c	uired by Part II, line 10; , 11b, and 11c; Part IV ;, 2a, 2b, 3a, and 3b; P	; Part II, line 17a or 17b; Part III, line 12; , Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V part for any additional information.	
332028 12-21-2	3		21		Schedule A (Form 990)	) 202

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## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

## 2023

Employer identification number

(FC	orm	990	)	

Department of the Treasury Internal Revenue Service

Schedule B

Name of the organization

26-3349334

Organization type (check one).	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

PRECIOUS CHILD

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set is the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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

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

Name of organization

Employer identification number

26-3349334

A PRECIOUS CHILD, INC.

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
1		\$356,526.	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
2		\$353,000.	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
		\$	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.)
(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
	-23	\$	Person Payroll Payroll Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

15311113 147695 538884

2023.05000 A PRECIOUS CHILD, INC. 538884\_1

Name of organization

Employer identification number

26-3349334

#### A PRECIOUS CHILD, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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

24

#### 15311113 147695 538884

2023.05000 A PRECIOUS CHILD, INC.

Name of o	rganization			Employer identification number
A PRE	CIOUS CHILD, INC.			26-3349334
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	a) through (e) and the following line	entry. For organization	, or (10) that total more than \$1,000 for the year
	Use duplicate copies of Part III if additional	space is needed.	or less for the year. (Ent	er this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of	gift	
-	Transferee's name, address, a	and ZIP + 4	Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of	gift	
-	Transferee's name, address, a	and ZIP + 4	Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	 gift	
-	Transferee's name, address, a	and ZIP + 4	Relations	hip of transferor to transferee
(a) Na				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of	gift	
-	Transferee's name, address, a	and ZIP + 4	Relations	hip of transferor to transferee
323454 12-26	3-23	1		Schedule B (Form 990) (2023

#### 15311113 147695 538884

25 2023.05000 A PRECIOUS CHILD, INC. 538884\_1

~~		Supplement	al Einancial Statements		OMB No. 1545-0047	
			al Financial Statements	2022		
(Forn	n 990)		), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2023	
	ment of the Treasury I Revenue Service		Attach to Form 990. 10 for instructions and the latest information.		Open to Public Inspection	
-	e of the organizatio			Employer identification number 26-3349334		
Par	t I Organiza		d Funds or Other Similar Funds or Ac	coun		
		n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds (	<b>b)</b> Fun	ds and other accounts	
1	Total number at en	d of year				
2	Aggregate value of	contributions to (during year)				
3	Aggregate value of	grants from (during year)				
4		end of year				
5	-		writing that the assets held in donor advised fund			
			exclusive legal control?		Yes No	
6	0	0	dvisors in writing that grant funds can be used or			
	• •		or donor advisor, or for any other purpose conferri	•		
Par	impermissible priva		ganization answered "Yes" on Form 990, Part IV,		Yes No	
1		ervation easements held by the organizati		line 7.		
•		of land for public use (for example, recrea		rically	important land area	
		i natural habitat	Preservation of a certif	-	•	
		of open space				
2		• •	fied conservation contribution in the form of a cor	nservat	ion easement on the last	
_	day of the tax year.	<b>o o</b> .			Held at the End of the Tax Year	
а	Total number of co	nservation easements		2a		
b				2b		
с	Number of conserv	vation easements on a certified historic str		2c		
d	Number of conserv	ation easements included on line 2c acqu	ired after July 25, 2006, and not			
	on a historic struct	ure listed in the National Register		2d		
3	Number of conserv		leased, extinguished, or terminated by the organiz	zation o	during the tax	
4	year	 where property subject to conservation eas	sement is located			
5		ion have a written policy regarding the per				
	6	prcement of the conservation easements it	<b>o</b> , 1 , <b>o</b>		Yes No	
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation			
7	Amount of expense	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation eas	ement	s during the year	
8	Does each conserv	ation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)	(4)(B)(ii)?			Yes No	
9	,	8	on easements in its revenue and expense stateme			
			note to the organization's financial statements that	t desc	ribes the	
Par		ounting for conservation easements.	f Art, Historical Treasures, or Other Si	milar	· Assats	
i ui		the organization answered "Yes" on Form		mai	A35013.	
10			i8, not to report in its revenue statement and bala	nco ch	oot works	
Ia	•		blic exhibition, education, or research in furtheran			
			ncial statements that describes these items.		abile	
b			68, to report in its revenue statement and balance	sheet	works of	
-	-		exhibition, education, or research in furtherance			
		ng amounts relating to these items.	· · · · · · · · · · · · · · · · · · ·	1	,	
	•	с с		9	6	
					ß	
2	If the organization		asures, or other similar assets for financial gain, p			
	the following amou	nts required to be reported under FASB A	SC 958 relating to these items:			
					§	
					\$	
	-	eduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2023	
332051	09-28-23					

15311113 147695 538884

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2023.05000 A PRECIOUS CHILD, INC. 538884\_1

Sche	dule D (Form 990) 2023 A PRECI	OUS CHILD,	INC.					26-33			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	t, Histori	cal Tre	asures, o	r Othe	r Simila	r Assets	Gentin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check an	y of the f	ollowing that	: make si	gnificant ι	use of its			
	collection items (check all that apply).										
а	Public exhibition	d	Loa	an or exc	hange progra	am					
b	Scholarly research	е	Otł	ner							
с											
4	Provide a description of the organization's co	ellections and explair	how they	further th	e organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations c	of art, histor	rical treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organiza	tion's col	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements Complet	te if the org	anization	answered "	Yes" on	Form 990,	Part IV, I	ne 9, or		
	reported an amount on Form 990, Par		-								
1a	Is the organization an agent, trustee, custodi	an, or other intermed	liary for cor	ntribution	s or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						ity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										]
Par	t V Endowment Funds Complete if	the organization ans	wered "Ye	s" on For	m 990, Part I	IV, line 1	0.				
		(a) Current year	<b>(b)</b> Prio	r year	(c) Two year	rs back	(d) Three y	/ears back	(e) Four	years	back
1a	Beginning of year balance	46,105.	4	16,122.	22	2,443.		21,483.		17,	998.
b	Contributions				16	5,197.					
с	Net investment earnings, gains, and losses	11,582.		-17.	7	7,482.		960.		3,	485.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	57,687.	4	16,105.	46	5,122.		22,443.		21,	483.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, c	olumn (a)	) held as:						
а	Board designated or quasi-endowment	79.0681	_%								
b	Permanent endowment 20.9319	%									
с	Term endowment .0000	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that ar	e held ar	nd administer	ed for th	e		_		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		X
									3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fund	ls.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, lir	ne 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o		• •	or other	• •	ccumulate		(d) Book	value	а
		basis (investr	nent)		(other)	de	preciation				
1a	Land				3,104.				4,223		
	Buildings			2,37	4,732.		464,0	58.	1,910	),63	74.
с	Leasehold improvements										
	Equipment				0,974.	-	106,62				<u>49.</u>
е	Other			20	0,353.		80,7	99.		),55	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part J	X <u>, line 10c,</u>	column	<u>(B))</u>				6,347	-	
								Schedule	D (Form	990)	2023

Schedule D (	Form 990)	2023	A	PRECIOUS	CHILD,	INC.

#### Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value

 (1)
 (2)

 (3)
 (4)

 (5)
 (6)

 (7)
 (8)

 (9)
 (6)

 Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))

#### Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RIGHT OF USE LIABILITY	104,472.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	104,472.

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

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 A PRECIOUS CHILD, INC.			26-	3349334	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With F				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	15,392,	797.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	28,583.			
b	Donated services and use of facilities		67,920.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines <b>2a</b> through <b>2d</b>			2e		503.
3	Subtract line 2e from line 1			3	15,296,	294.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	15,296,	294.
Do	t VII Deconciliation of Expanses per Audited Einensial State	mante With	Evenness nev D			
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments with	Expenses per H	etur	n	
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		Expenses per H	letur		
1		2a.		letur	n 16,279,	409.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.				409.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	2a.				409.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a. <b>2</b> a				409.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. <b>2</b> a <b>2</b> b				409.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a 2b 2c				409.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	67,920.		<u>16,279</u> , 67,	920.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a. 2a 2b 2c 2d	67,920.	1	16,279,	920.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	67,920.	1 2e	<u>16,279</u> , 67,	920.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2a. 2a 2b 2c 2d	67,920.	1 2e	<u>16,279</u> , 67,	920.
1 2 6 6 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a 2b 2c 2d 4a	67,920.	1 2e	<u>16,279</u> , 67,	920.
1 2 6 6 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2d 2d 4a 4b	67,920.	1 2e	16,279, 67, 16,211,	<u>,920.</u> .489. 0.
1 2 d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2b 2b 2c 2d 4a 4b	67,920.	1 2e 3	<u>16,279</u> , 67,	<u>,920.</u> .489. 0.

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

#### PART V, LINE 4:

ENDOWMENT ASSETS ARE COMPRISED OF ASSETS OF DONOR-RESTRICTED FUNDS THAT

THE ORGANIZATION MUST HOLD IN PERPETUITY.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE LAW, THOUGH IT

IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE. ACCORDINGLY,

NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE

FINANCIAL STATEMENTS. MANAGEMENT DOES NOT BELIEVE THERE ARE ANY UNCERTAIN

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TAX POSITIONS AS OF DECEMBER 31, 2023.

Schedule D (Form 990) 2023 A PRECIOUS CHILD, INC.	26-3349334 Page 5
Part XIII Supplemental Information (continued)	
THE ORGANIZATION BELIEVES THAT IT HAS CONDUCTED ITS OPERATION	NS IN
ACCORDANCE WITH, AND HAS PROPERLY MAINTAINED, ITS TAX-EXEMPT	STATUS, AND
IT HAS TAKEN NO MATERIAL UNCERTAIN TAX POSITIONS THAT QUALIFY	Y FOR
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE O	RGANIZATION IS
NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U	.S. INCOME TAX
EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2021.	

Schedule D (Form 990) 2023

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047			
(Form 990)	orm 990)       Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.										
Department of the Treasury		Attach to Form 990 o						Open to Public			
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.										
Name of the organizationEmployer identification numberA PRECIOUS CHILD, INC.26-3349334											
Part I Fundrais		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ne 1					
required to	complete this part	t.									
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> </ul>	ions email solicitations tations licitations	f Solicitat g Special	tion of tion of fundra	non-g gover aising (	overnment grants nment grants events						
•		or oral agreement with any individual art VII) or entity in connection with pr	•	Ũ		lees,	or Te	s No			
, , ,		viduals or entities (fundraisers) pursua			•	ie fur					
compensated at le	ast \$5,000 by the	organization.									
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization			
			Yes	No							
<ol> <li>List all states in whi or licensing.</li> </ol>	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from r	egistration			

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

Schedule G (Form 990) 2023

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<u> </u>	rt I	-							
		of fundraising event contributions and gro				s greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
Revenue				HEROES	c	(add col. <b>(a)</b> through			
					(total number)	col. <b>(c)</b> )			
e			(event type)	(event type)	(total number)				
Revent	1	Gross receipts	697,951.	199,550.	153,696.	1,051,197.			
	2	Less: Contributions	532,103.	79,928.	42,383.	654,414.			
	3	Gross income (line 1 minus line 2)	165,848.	119,622.	111,313.	396,783.			
	4	Cash prizes							
	5	Noncash prizes							
oenses	6	Rent/facility costs	21,369.	13,469.	38,372.	73,210.			
Direct Expenses	7	Food and beverages	88,815.	44,723.	33,456.	166,994.			
Dir	~		E2 101		480.	52 661			
		Entertainment	52,181. 14,552.	6,037.	16,810.	52,661. 37,399.			
	9 10	Other direct expenses Direct expense summary. Add lines 4 through		· · · ·		330,264.			
	10 11	Net income summary. Subtract line 10 from li				66,519.			
Pa	rt I	<b>II Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
Be	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct I	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes %	└── Yes % └── No	└── Yes % └── No				
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)         9 Enter the state(s) in which the organization conducts gaming activities:         a Is the organization licensed to conduct gaming activities in each of these states?         b If "No," explain:								

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain:

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Schedule G (Form 990) 2023

No

Sch	edule G (Form 990) 2023	A PRECIOUS CH	ILD, INC.	26-2	3349334	Page <b>3</b>
11	Does the organization conduct				Yes	No
12	Is the organization a grantor, be	neficiary or trustee of a trust, o	or a member of a partners	ship or other entity formed		
	to administer charitable gaming	?			Yes	No No
13	Indicate the percentage of gami	ng activity conducted in:				
					13a	%
					13b	%
14	Enter the name and address of	the person who prepares the o	rganization's gaming/spe	ecial events books and records:		
	Name					
	Address					
15a	Does the organization have a co	ontract with a third party from v	whom the organization re	ceives gaming revenue?	🗌 Yes	No No
k	If "Yes," enter the amount of ga			and the amount		
	of gaming revenue retained by t					
C	: If "Yes," enter name and addres	s of the third party:				
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	۱ \$				
	Description of services provided					
	Director/officer	Employee	Independent contr	actor		
			·····			
17	Mandatory distributions:					
a	Is the organization required und	er state law to make charitable	e distributions from the g	aming proceeds to		
	retain the state gaming license?				Yes	No No
k		•	e distributed to other ex	empt organizations or spent in the		
Da	organization's own exempt active organization's own exempt active organization or solution of the second se					
Га				I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	96, 106,
	15D, 15C, 16, and 17D, a	as applicable. Also provide any	additional information.	See Instructions.		
3320	83 09-13-23			Scher	lule G (Form	990) 2023
			33		-	

Schedule G	(Form 990)
	C main la ma

Schedule G (Form 990)

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SCHEDULE I	Grants and Other Assistance to Organizations,								OMB No. 1	1545-0047	
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								2023		
Department of the Treasury		Compr	ete il the organization	Attach to Forn					Open to	Public	
Internal Revenue Service			Go to www.irs	.gov/Form990 for		ation.			Inspe		
Name of the organizat	ion							Employer i	dentificatio	on number	
	A PRECIOU		INC.						26-33	49334	
Part I General Ir	nformation on Grants a	nd Assistance									
0											
								L	X Yes	No	
	IV the organization's pro					opization answard "V	an Form 000 Dad	t IV/ line 21 f			
	hat received more than \$					anization answered if	es on Form 990, Pan	t IV, line ∠1, I	Srany		
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of g or assistance		

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

A PRECIOUS CHILD, INC.

26-3349334 Page 2

Part III Grants and Other Assistance to Domestic Individuals. 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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
OPPORTUNITY FUNDS FOR GIVE SPORTS	73	35,531.	0.		
OPPORTUNITY FUNDS FOR EDUSSENTIALS	61	22,374.	0.		
OPPORTUNITY FUNDS FOR GIVE ARTS	9	2,356.	0.		
PRECIOUS ESSENTIALS	28060	0.	6,501,040.	воок	CLOTHING/HOUSEHOLD GOODS
BASICS 4 BABIES	7700	0.	1,333,723.	воок	CLOTHING/HOUSEHOLD GOODS

PART I, LINE 2:

SCHOLARSHIP CHECKS ARE NEVER WRITTEN DIRECTLY TO THE RECIPIENT OF THE

FUNDS. 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.

#### A PRECIOUS CHILD WORKS WITH THE 546 AGENCY PARTNERS LOCATED THROUGHOUT THE

METRO DENVER AREA. THESE AGENCY PARTNERS PROVIDE A SERVICE TO THE CHILDREN

#### AND FAMILIES AND UNDERSTAND THEIR NEEDS. THEY REFER CHILDREN AND FAMILIES

Schedule I (Form 990) A PRECIOUS					26-3349334 Pag
Part III Continuation of Grants and Other Assistance to	Domestic Individuals (	Schedule I (Form 99	90), Part III.)	1	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ILL A BACKPACK	18,109.	0.	1,073,824.	воок	SCHOOL SUPPLIES
IVESPORTS	16,736.	0.	788,862.	воок	SPORTS EQUIPMENT
PRECIOUS GIFT	12,461.	0.	494,330.	воок	GIFTS, TOYS, CLOTHES
OUSING ASSISTANCE	56.	127,477.	0.		

Schedule I (Form 990)

Schedule I (Form 990) A PRECIOUS CHILD, INC. 26-3349334 Page 2 Part IV Supplemental Information
TO A PRECIOUS CHILD SERVICES, SHOULD THEY NEED MORE THAN THE AGENCY PARTNER
HAS THE ABILITY TO PROVIDE. ONCE A REFERRAL IS MADE TO A PRECIOUS CHILD,
THERE IS NO VERIFICATION PROCESS REQUIRED TO RECEIVE THE CHILD OR FAMILY'S
REFERRED SERVICES. A BASIC INTAKE PROCESS IS COMPLETED AT OUR FACILITY FOR
DATA COLLECTION PURPOSES AND THE CHILD AND FAMILY ARE PROVIDED THE
OPPORTUNITIES AND RESOURCES REQUESTED THROUGH OUR RESOURCE CENTER. A
PRECIOUS CHILD HAS THE OPPORTUNITY FOR ALL CHILDREN AND FAMILIES TO TAKE
ADVANTAGE OF THE CASE MANAGEMENT AND WRAP-AROUND SERVICES LOCATED AT OUR
FACILITY.

Schedule I (Form 990)

SCHEDULE	Μ
(Form 990)	

## **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

23

20

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 3	30.
Attach to Form 990.	
Go to www.irs.gov/Form990 for instructions and the latest information.	

Department of the Treasury Internal Revenue Service

on.		Inspection		
	Employer	identification number		

Name of the	organization
-------------	--------------

	A PRECIOUS C	HILD,	INC.			26-33493	334	
Pa								
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) od of determini contribution an	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		9,762,136.	PUBLISH	ED DONAT	CED	VA
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	X	62,800	127,811.	PER LB U	JSING FO	DOD	PA
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( )							
26	Other ( )							
27	Other (							
28	Other (							
29	Number of Forms 8283 received by the organized	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82							
			-				Yes	No
30a	During the year, did the organization receive by	y contributic	on any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	for			
	exempt purposes for the entire holding period	_				30a		X
b								
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
			-			32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is cheo	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

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Part II	Suppler	nental	Inf	ormation. Pro	wide the inform	nation rea
Schedule	M (Form 990)	2023	А	PRECIOUS	CHILD,	INC.

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS IS REPORTED IN PART I, COLUMN B. THE

ORGANIZATION DOES NOT TRACK SCHOOL SUPPLY AND PRECIOUS GIFT DONATIONS

ON A PER ITEM BASIS DURING THE SEASONAL PROGRAM AS IT WOULD BE AN

ENORMOUS TASK.

Schedule M (Form 990) 2023

26-3349334

Page 2

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SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 26-3349334

A PRECIOUS CHILD,

FORM 990, PART III, LINE 4D, **OTHER PROGRAM SERVICES:** 

GIVESPORTS PROVIDES NEW AND GENTLY-USED SPORTS EQUIPMENT ALONG WITH

SUPPORT FOR SPORTS PROGRAM COSTS ASSOCIATED WITH REGISTRATION,

AND PARTICIPATION FEES TO CHILDREN IN NEED, UNIFORMS, CAMP, GIVING THEM

INC.

IN 2023, THE OPPORTUNITY TO PARTICIPATE IN SPORTS. GIVESPORTS PROVIDED

SPORTS EQUIPMENT AND SKILLS CAMPS TO 16,736 PEOPLE OPPORTUNITY FUNDS,

IN NEED.

EXPENSES \$ 967,726. INCLUDING GRANTS OF \$ 824,393. REVENUE \$ 0.

PRECIOUS GIFT PROVIDES GIFTS TO CHILDREN WHO WOULD OTHERWISE GO WITHOUT

DURING MONUMENTAL TIMES IN THEIR LIFE, SUCH AS BIRTHDAYS AND THE

HOLIDAY SEASON. IN 2023, 12,461 CHILDREN WERE PROVIDED WITH BIRTHDAY

AND HOLIDAY PRESENTS AND SPECIALLY MADE BIRTHDAY TREATS, A VALUE OF

OVER \$628,705.

EXPENSES \$ 801,650. INCLUDING GRANTS OF \$ 494,330. REVENUE \$ 0.

INSPIRING MINDS PROVIDES ACCESS TO STEM-BASED ACTIVITIES TO CHILDREN

VISITING A PRECIOUS CHILD'S RESOURCE CENTER AND THROUGH EDUCATIONAL,

TAKE-HOME STEM KITS. IN 2023, 1,415 CHILDREN RECEIVED STEM KITS.

EXPENSES \$ 107,164. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

EDUSSENTIALS PROVIDES EDUCATIONAL SUPPORT, SUCH AS COMPUTERS

TUTORING, AND INCENTIVES TO REMOVE BARRIERS TO SCHOOL CALCULATORS,

ATTENDANCE AND IMPROVE EDUCATIONAL OUTCOMES FOR ECONOMICALLY

DISADVANTAGED STUDENTS. EDUSSENTIALS SUPPORTED 2,507 CHILDREN IN 2023.

EXPENSES \$ 64,081. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 332211 11-14-23

LHA

Name of the organization	Employer identification number
A PRECIOUS CHILD, INC.	26-3349334
GIVEARTS PROVIDES SUPPORT FOR THE ARTS PROGRAM COSTS	ASSOCIATED WITH
LESSONS, PARTICIPATION FEES, INSTRUMENTS, AND ART SU	PPLIES TO CHILDREN
IN NEED, GIVING THEM THE OPPORTUNITY TO PARTICIPATE	IN MUSIC, DANCE,
THEATRE, AND VISUAL ARTS. GIVEARTS SUPPORTED 183 CHI	LDREN IN 2023.
EXPENSES \$ 44,724. INCLUDING GRANTS OF \$ 0. REVE	NUE \$ 0.
OTHER PROGRAMS:	
	KS, RELIEF FOR
OTHER PROGRAMS INCLUDE INSPIRING MINDS, PRECIOUS PER	
OTHER PROGRAMS INCLUDE INSPIRING MINDS, PRECIOUS PER FAMILIES IMPACTED BY THE MARSHALL FIRE, AND PROGRAM-	
OTHER PROGRAMS INCLUDE INSPIRING MINDS, PRECIOUS PER FAMILIES IMPACTED BY THE MARSHALL FIRE, AND PROGRAM- EXPENDITURES.	RELATED CAPITAL
OTHER PROGRAMS: OTHER PROGRAMS INCLUDE INSPIRING MINDS, PRECIOUS PER FAMILIES IMPACTED BY THE MARSHALL FIRE, AND PROGRAM- EXPENDITURES. EXPENSES \$ 699,425. INCLUDING GRANTS OF \$ 87,380.	RELATED CAPITAL

FINANCE 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 VI, SECTION B, LINE 12C:

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

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. TRANSACTIONS WITH

POTENTIAL CONFLICTS OF INTEREST ARE IDENTIFIED BY THE CEO AND VP OF FINANCE

AS TRANSACTIONS ARE APPROVED. ANY POTENTIAL OR ACTUAL CONFLICT WOULD BE

DISCUSSED BY EXECUTIVE STAFF AND THE BOARD OF DIRECTORS AND LEGAL COUNSEL

WOULD BE OBTAINED IF DEEMED NECESSARY. MEMBERS OF THE BOARD OF DIRECTORS

ARE COVERED UNDER THE POLICY. DETERMINATION OF WHETHER A CONFLICT EXISTS, 332212 11-14-23 Schedule O (Form 990) 2023 42

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2023.05000 A PRECIOUS CHILD, INC. 538884\_1

	Employer identification pumber
Name of the organization	Employer identification number
A PRECIOUS CHILD, INC.	26-3349334
AND ACTUAL CONFLICTS ARE REVIEWED BY EXECUTIVE STAFF AND T	HE BOARD OF
AND ACTORE CONFERCED ARE REVIEWED BY EXECUTIVE STAFF AND	III DOARD OF
DIRECTORS. A PERSON WITH A POTENTIAL CONFLICT COULD PARTIC	IPATE IN
DELIBERATIONS BUT WOULD BE EXCLUDED FROM DISCUSSIONS AND/C	OR VOTING WHERE A

FINAL DETERMINATION WOULD BE MADE.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION DETERMINES EMPLOYEE COMPENSATION BY LOOKING AT MARKET COMPARISONS, BUDGET ALLOWANCES AND PERFORMANCE REVIEWS. A COMMITTEE MADE UP OF MEMBERS OF THE BOARD OF DIRECTORS DETERMINES THE CEO'S COMPENSATION USING THE PROCESS DESCRIBED. THE CEO'S COMPENSATION WAS LAST REVIEWED IN MAY 2023.

THE BOARD REVIEWS THE COMPENSATION OF ALL OTHER OFFICERS AND KEY EMPLOYEES. THE ORGANIZATION DETERMINES EMPLOYEE COMPENSATION BY LOOKING AT MARKET COMPARISONS, BUDGET ALLOWANCES AND PERFORMANCE REVIEWS. THIS PROCESS IS USED TO ESTABLISH COMPENSATION FOR ALL PAID STAFF POSITIONS IN MAY OF EACH YEAR.

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 XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT IN THIS PROCESS.

332212 11-14-23