

Tel: 303-440-0399 Fax: 303-440-5073 www.bdo.com 4999 Pearl E. Circle, Suite 300

Boulder, CO 80301

November 15, 2022

A Precious Child, Inc. 7051 W. 118th Avenue Broomfield, CO 80020

Dear Carina,

Enclosed are the following income tax returns prepared on behalf of A Precious Child, Inc. for the year ended December 31, 2021.

2021 990 - Return of Organization Exempt from Income Tax

2021 8879-TE - IRS E-file Signature Authorization Form

2021 Schedule A - Public Charity Status and Public Support

2021 Schedule B - Schedule of Contributors

2021 Schedule D - Supplemental Financial Statements

2021 Schedule G - Supplemental Info. Regarding Fundraising/Gaming

2021 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S.

2021 Schedule M - Noncash Contributions

2021 Schedule O - Supplemental Information to Form 990 or 990EZ

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

BDO USA, LLP

Mary Jane Pieroni, CPA

Managing Director, Nonprofit Services

**Enclosures** 

# Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning 01/01/2021 and ending 12/31/2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

A PRECIOUS CHILD, INC.	26-3349334
Name and title of officer or person subject to tax	
CARINA MARTIN, CEO	
Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amou CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form wa 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0-applicable line below. Do not complete more than one line in Part I.	check the box on line 1a, 2a, 3a, 4a, s blank, then leave line 1b, 2b, 3b, 4b,
1a Form 990 check here ▶   2a Form 990-EZ check here ▶   3a Form 1120-POL check here ▶   4a Form 990-PF check here ▶   5a Form 8868 check here ▶   5a Form 8868 check here ▶   5a Form 990-T check here ▶   5a Form 990-T check here ▶   5a Form 990-T check here ▶   5a Form 4720 check here ▶   5a Form 5227 check here ▶   5a Form 5330 check here >   5a Form 5330 check here > <td> 2b</td>	2b
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	
2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belicomplete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic retemediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate a (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial electronic payment of taxes to receive confidential information necessary to answer inquiries a the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and electronic funds withdrawal.  PIN: check one box only  ERO firm name  on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the reagency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned return's disclosure consent screen.  X As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the subject to the payment of the payment of the payment of the payment of the entity, I will enter my PIN as my signature on the payment of	ve examined a copy of the lef, they are true, correct, and laturn. I consent to allow my to receive from the IRS (a) and go the return or refund, and (c) an electronic funds withdrawal ne federal taxes owed on this. S. Treasury Financial Agent at cial institutions involved in the nd resolve issues related to d, if applicable, the consent to  as my signature enter five numbers, but do not enter all zeros eturn is being filed with a state de ERO to enter my PIN on the
filed return. If I have indicated within this return that a copy of the return is being filed with a state agen of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	icy(les) regulating charities as part
Signature of officer or person subject to tax	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.  8 4 7 4 8 0 1 3 5  Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return in am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information	
	1/15/2022
ERO Must Retain This Form - See Instructions  Do Not Submit This Form to the IRS Unless Requested To I	Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8879-TE (2021)

# Form **990**

Department of the Treasury

# **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.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service A For the 2021 calendar year, or tax year beginning and ending D Employer identification number C Name of organization B Check if applicable A PRECIOUS CHILD, INC 26-3349334 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change 7051 W. 118TH AVENUE (303)466 - 4272Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended BROOMFIELD, CO 80020 G Gross receipts \$ 12,308,235. Application pending F Name and address of principal officer: H(a) Is this a group return for Yes CARINA MARTIN Χ Nο subordinates' 7051 W. 118TH AVENUE, H(b) Are all subordinates included? Х No BROOMFIELD, CO 80020 Yes If "No," attach a list. See instructions SCH  $\,$  O 4947(a)(1) or X 501(c)(3) 501(c) ( (insert no.) WWW.APRECIOUSCHILD.ORG Website: H(c) Group exemption number Form of organization: | X | Corporation Other > L Year of formation: 2008 M State of legal domicile: CO Summary Part I 1 Briefly describe the organization's mission or most significant activities: A PRECIOUS CHILD EMPOWERS CHILDREN IN NEED TO ACHIEVE THEIR FULL POTENTIAL. Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 10 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 10 5 60 Total number of individuals employed in calendar year 2021 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 5,010 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a NONE **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 NONE **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 11,668,425 12,081,158. Revenue Program service revenue (Part VIII, line 2g) NONE NONE Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 6,287 14,508. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,370 NONE Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . . 11,680,082. 12,095,666. 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 11,976 8,752,106. 14 Benefits paid to or for members (Part IX, column (A), line 4) NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,586,759 2,166,785. 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE NONE **b** Total fundraising expenses (Part IX, column (D), line 25) 1,082,350. 17 9,669,106 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,414,581. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,267,841 12,333,472. Revenue less expenses. Subtract line 18 from line 12 412,241 -237,806. s or **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 10,917,560 10,651,409. Total liabilities (Part X, line 26) 4,185,032 21 4,136,723. 22 Net assets or fund balances. Subtract line 21 from line 20, 6,732,528 6,514,686. 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 CARINA MARTIN CEO Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid self-employed 11/15/2022 MARY JANE PIERONI P00538772 Mary Jane P. Preparer Firm's name ► BDO USA, LLP 13-5381590 Firm's FIN Use Only Firm's address ► 4999 PEARL E CIRCLE STE 300 BOULDER, CO 80301 303-440-0399 May the IRS discuss this return with the preparer shown above? See instructions . . X Yes No

Form **990** (2021)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2021) Page **2** 

Рa	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
	orior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured be 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 \$6,505,658. including grants of \$5,429,501. ) (Revenue \$NONE_)
	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 2021, A VALUE OF OVER \$5.5 MILLION IN
	ESSENTIALS WERE PROVIDED TO OVER 17,685 LOCAL RESIDENTS IN NEED.
4b	(Code:)(Expenses \$1,386,785. including grants of \$1,274,879)(Revenue \$NONE_) 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 2021, BASICS 4 BABIES PROVIDED DIAPERS, WIPES, FORMULA, AND OTHER BABY ESSENTIALS TO 4,600 INFANTS AND TODDLERS IN NEED.
4c	(Code:) (Expenses \$1,183,406. including grants of \$1,008,750. ) (Revenue \$NONE_)
	FILL A BACKPACK PROGRAM PROVIDES BACKPACKS FILLED WITH
	GRADE-APPROPRIATE SCHOOL SUPPLIES TO CHILDREN IN NEED TO MAXIMIZE
	THEIR ACADEMIC POTENTIAL. IN 2021, FILL A BACKPACK PROVIDED
	BACKPACKS TO 20,177 CHILDREN IN NEED.
	Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 1,913,859. including grants of \$ 1,038,876. ) (Revenue \$ NONE )  Total program service expenses \$ 10,989,708.

JSA 1E1020 1.000 7301QP R59G Form 990 (2021) Page 3

Part	Checklist of Required Schedules			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		3.7	
•	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40 -	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40.		
	Schedule D, Parts XI and XII	12a	X	-
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	426		37
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13		13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
4.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		X
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		X
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
47		10		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		77
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0	37	
10	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?	40		v
20	If "Yes," complete Schedule G, Part III	19		X
	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	24		v
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	(2224)
1E1021			_	(2021)
	7301QP R59G		6	

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Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	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? <i>If "Yes," complete Schedule J.</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
27	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,			
а	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		3.5
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32		Х
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,			
35 a	or IV, and Part V, line 1	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		
	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			
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Chesh a concean o contains a response of note to any into in the fact v 1,1,1,1,1,1,1,1,1,1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 1E1030				(2021)
1030	7301QP R59G		7	

Page 5 Form 990 (2021)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
				110
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 60	٥L	37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	_		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	4.0		37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

Page 6 Form 990 (2021) A PRECIOUS CHILD, INC. 26-3349334 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a 10 1a Enter the number of voting members of the governing body at the end of the tax year . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 Χ supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . 5 Χ 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 6 Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Χ Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х Χ Each committee with authority to act on behalf of the governing body?................. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . . . . . . . Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Χ 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Χ Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Х Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Χ rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 Χ 13 14 Χ 14 Did the organization have a written document retention and destruction policy?........... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Χ 15b Χ If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Χ b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶\_ 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Upon request Another's website Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records > CARINA MARTIN 7051 W. 118TH AVENUE BROOMFIELD, CO 80020

Form **990** (2021)

1E1042 1.000

7301QP R59G

303-466-4272

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

	T	1						,	, , , , , , , ,	
(A) Name and title	(B) Average hours per week	box,	(C) Position (do not check more that box, unless person is but officer and a director/tr				an	(D)  Reportable  compensation  from the	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individua or direct	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	inization (W-2/ organizations (W-2/ from 1099-MISC/ organizations organizations (W-2/	
(1) CARINA MARTIN	40.00									
CEO & FOUNDER	NONE			Х				96,754.	NONE	NONE
(2) ANDY CONIGLIARO	5.00			Λ.				90,734.	NOINE	NONE
CHAIR	NONE	X		Х				NONE	NONE	NONE
(3) MEG DINGAE	1.00			Δ.				NONE	INOINE	INONE
DIRECTOR	NONE	X						NONE	NONE	NONE
(4) VALERIE FINBERG	2.00	21						NONE	IVOIVE	NONE
DIRECTOR	NONE	X						NONE	NONE	NONE
(5) NATE CAREY	1.00							1.01.2	110112	1101112
TREASURER	NONE	X		Х				NONE	NONE	NONE
(6) LISA CORLEY	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(7) TOM CREWS	1.00							-	-	-
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) CATHERINE DAVIS	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) JIMMY HOFFNER	3.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10) STEVE KATSIRUBAS	1.00									
VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE
(11) ISAAC SENDROS	1.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(12)										
(13)										
(14)										
	1	1	1	1	1	1	1	1	l .	l

Form **990** (2021)

_	rt VII Section A. Officers, Directors, Tru	ictore Ka	w En	nla		20.	and L	lia	hast Campansat	od Employ	1005 (0	ontinuo		age 8
Га	-		;y ⊑11	ipic			anu r	iigi			yees (c			
	<b>(A)</b> Name and title	(B) Average			Pos	C) ition			(D) Reportable	(E) Reporta	able		( <b>F)</b> mated	
		hours per	,		heck	more	than o		compensation	compensati	on from	amo	ount of	
		week (list any hours for					is both a or/truste		from the	relate organiza	I .		ther ensatic	n
		related		_					organization	(W-2/1099			m the	,,,
		organizations below dotted	ividu direc	tit	Officer	Key employee	hest	Former	(W-2/1099-MISC)	,	,	_	nizatior related	
		line)	tor tr	onal		ploy	con						nization	
			Individual trustee or director	Institutional trustee		ee	ηpen							
			Ф	tee			Highest compensated employee							
							ď							
			1											
			-											
			1											
			1											
			1											
			-											
			1											
	Sub-total							_	96,754.		NONE		1	NONE
	Total from continuation sheets to Part VII, S			• •	• •	• •		•	NONE		NONE			NONE
d	Total (add lines 1b and 1c)	<u> </u>		· ·	· ·		· · ·	<b>&gt;</b>	96,754.		NONE		1	NONE
2	Total number of individuals (including but not		hose	liste	d al	bove	e) who	re	eceived more than	\$100,000	of			
	reportable compensation from the organization	n ▶				NOI	NE					1.		
_	Dit it is it is a first of the control of the contr												Yes	No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3		X
4	For any individual listed on line 1a, is the													
4	organization and related organizations gre													
	individual											4		X
5	Did any person listed on line 1a receive or													
	for services rendered to the organization? If "Ye	es," comple	te Scl	nedu	ıle J	for	such <sub>i</sub>	per	son			5		X
	ction B. Independent Contractors  Complete this table for your five highest com	nensated i	ndend	anda	ant 4	conf	racto	re t	hat received more	than \$100	0 000 0	f		
•	compensation from the organization. Report c													
	year.	•					•		-	J				
	(A)								(B)			(C)		
	Name and business address								Description of se	rvices	С	ompensa	ation	

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE NONE

#### Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to an	y line in this Part V			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a	65,191.				
Z an	b	Membership dues					
ۅۜۊ	С	Fundraising events 1c	207,345.				
fts	d	Related organizations 1d					
ອ຺≅	e	Government grants (contributions) 1e	459,055.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,					
e E		and similar amounts not included above . 1f	11,349,567.				
들된	g	Noncash contributions included in					
d if		lines 1a-1f 1g	\$ 6,630,114.				
နှင့်	h	Total. Add lines 1a-1f		12,081,158.			
			Business Code				
Se	2a						
Program Service Revenue	b						
S Z	C						
eve	d						
99 R	e						
ڇ	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,					
		other similar amounts)		14,508.			14,508.
	4	Income from investment of tax-exempt bond	proceeds . >	NONE			
	5	Royalties	▶	NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)	▶	NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b					
Rev	С	Gain or (loss) 7c					
	d	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
O		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	212,569.				
	b	Less: direct expenses 8b	212,569.				
	С	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses9b	NONE				
	С	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances	NONE				
	b	Less: cost of goods sold 10b	NONE				
	С	Net income or (loss) from sales of inventory.		NONE			
Sno			Business Code				
nec	11a						
ella ver	b						
Miscellaneous Revenue	C	All other revenue					
Ξ	d	All other revenue		NONE			
	<u>е</u> 12	Total. Add lines 11a-11d		NONE 12.095.666.			14,508.

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# Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	8,752,106.	8,752,106.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	96,754.	67,728.	9,675.	19,351
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	1,812,388.	1,191,881.	91,216.	529,291.
8	Pension plan accruals and contributions (include	10,233.	6,199.	1,480.	2,554
	section 401(k) and 403(b) employer contributions)	02.700	CC 470	2 507	24 722
9	. ,	93,798.	66,479.	2,597.	24,722.
10	Payroll taxes	153,612.	102,308.	7,982.	43,322
11	Fees for services (nonemployees):	NONE			
	Management	NONE NONE			
	Degal	NONE			
	Accounting	NONE			
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17  f Investment management fees	NONE			
		IVOIVE			
٤	Other. (If line 11g amount exceeds 10% of line 25, column	218,463.	136,363.	7,015.	75,085
12	(A), amount, list line 11g expenses on Schedule O.)  Advertising and promotion	39,354.	28,492.	2,437.	8,425
13		152,185.	81,651.	46,528.	24,006
14	Information technology	247,876.	44,012.	8,647.	195,217.
15	Royalties	NONE	,		
		365,673.	236,653.	13,404.	115,616.
	Travel	22,512.	16,931.	37.	5,544
	Payments of travel or entertainment expenses	·			
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	96,609.	82,669.	7,251.	6,689
23	Insurance	29,164.	26,426.	1,303.	1,435
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 O.)				
а	PROGRAM EXPENSES	125,738.	104,393.	6,358.	14,987
	STAFF & BOARD DEVELOPMENT	68,155.	43,831.	13,621.	10,703
	BAD DEBT	11,695.		11,695.	
	OTHER	37,157.	1,586.	30,168.	5,403
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	12,333,472.	10,989,708.	261,414.	1,082,350.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

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# Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	673,487.	1	1,132,639.
	2	Savings and temporary cash investments	2,298,788.	2	2,740,261.
	3	Pledges and grants receivable, net	100,185.	3	401,346.
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from 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	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
ţ	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	2,218,279.	8	615,687.
As	9	Prepaid expenses and deferred charges	81,034.	9	162,846.
		Land, buildings, and equipment: cost or other	5=,55=.		
		basis. Complete Part VI of Schedule D 10a 5,892,855.			
	h	Less: accumulated depreciation	5,519,629.	100	5,552,508.
	11	Investments - publicly traded securities	26,158.	11	46,122.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14		NONE		
		Intangible assets		NONE	
	15	Other assets. See Part IV, line 11	NONE		NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	10,917,560.	16	10,651,409.
	17	Accounts payable and accrued expenses	104,859.	17	389,678.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>ia</u>		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	4,080,173.	23	3,747,045.
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	4,185,032.	26	4,136,723.
Seo		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	4,863,295.	27	4,880,342.
ä	28	Net assets with donor restrictions	1,869,233.	28	1,634,344.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ř.	32	Total net assets or fund balances	6,732,528.	32	6,514,686.
ž	33	Total liabilities and net assets/fund balances	10,917,560.	33	10,651,409.
	1 - 5		10,71,300.		Form <b>990</b> (2021)

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Part	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	1.	2,0	95,	<u>666</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	2,3	33,	<u>472</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		-2	37,	<u>806</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	(	5,7	32,	<u>528</u> .
5	Net unrealized gains (losses) on investments	5			19,	<u>964</u> .
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		5,5	14,	<u>686</u> .
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>	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," ex	olain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	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	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	na			
	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 ove	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	:he			
	Single Audit Act and OMB Circular A-133?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits .		3b		

Form **990** (2021)

#### SCHEDULE A (Form 990)

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

	LIOUS CHILD, INC.						349334
1	Reason for Public Cha	rity Status. (All	organizations must	complet	e this p	art.) See instructions	3.
orga	nization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
	A church, convention of chu	ırches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
	A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
	A medical research organiz	ation operated in	conjunction with a hos	spital des	scribed ir	section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and st	ate:					
	An organization operated t	or the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
	section 170(b)(1)(A)(iv). (C	omplete Part II.)					
	A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
Χ	An organization that norma	ally receives a sub	ostantial part of its su	ipport fro	om a go	vernmental unit or fro	om the general public
_							
	_	-		-			
	_	=			-	-	
	or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state of	f the college or
_							
	receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt f ent income and u n after June 30, 1	unctions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able incc (a)(2). (C	ceptions me (les: Complete	s; and (2) no more thar s section 511 tax) from Part III.)	n 331/3 % of its
	•		•	•		` ' ' '	
_	•	•	•				• • •
		=					
	¬					•	_
		•	•	•		• , , ,	
	· · · · · · · · · · · · · · · · · · ·				ajority of	the directors or truste	es of the
	7 '' 0 0	•	•		with ito	aupported organization	on(a) by baying
		•				•	. , .
	<del>-</del>	· · · -	=	ine sam	e persor	is that control of man	age the supported
	T - ' '			ated in co	nnactio	n with and functional	lly integrated with
							ny integrated with,
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.							
	_ · · ·		porting organization o		in conne		ted organization(s)
	Type III non-functionally	integrated. A sup		perated		ection with its support	= ::
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	x	A school described in section A hospital or a cooperative A medical research organize hospital's name, city, and standard and organization operated for section 170(b)(1)(A)(iv). (C) A federal, state, or local good an organization that normal described in section 170(b) A community trust described an agricultural research orgor university or a non-land-university:  An organization that normal receipts from activities relassupport from gross investmacquired by the organization an organization organized an one or more publicly support the box on lines 12a through the supported organization. Type II. A supporting organization organization. Type II. A supporting organization organization organization organization.	A school described in section 170(b)(1)(A)(ii) A hospital or a cooperative hospital service of A medical research organization operated in hospital's name, city, and state:  An organization operated for the benefit of section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or gove an organization that normally receives a subsection of section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b) An agricultural research organization described or university or a non-land-grant college of again university:  An organization that normally receives (1) more receipts from activities related to its exempt for support from gross investment income and unacquired by the organization after June 30, 1. An organization organized and operated exclusione or more publicly supported organizations the box on lines 12a through 12d that describes a supporting organization. You must complete the supporting organization. You must complete organization organization supervised control or management of the supporting organization organization. You must complete Part IV	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E A hospital or a cooperative hospital service organization described A medical research organization operated in conjunction with a hosposital's name, city, and state:  An organization operated for the benefit of a college or university section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described An organization that normally receives a substantial part of its subdescribed in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete An agricultural research organization described in section 170(b)(1) or university or a non-land-grant college of agriculture (see instruct university:  An organization that normally receives (1) more than 331/3 % of its receipts from activities related to its exempt functions, subject to a support from gross investment income and unrelated business tax acquired by the organization after June 30, 1975. See section 509  An organization organized and operated exclusively to test for publication organization organized and operated exclusively for the benefit of one or more publicly supported organizations described in section 5 the box on lines 12a through 12d that describes the type of supporting organization organization operated, supervised, or contribute supporting organization. You must complete Part IV, Sections A Type II. A supporting organization supervised or controlled in control or management of the supporting organization vested in organization(s). You must complete Part IV, Sections A and C.	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 99 A hospital or a cooperative hospital service organization described in section A medical research organization operated in conjunction with a hospital described hospital's name, city, and state:  An organization operated for the benefit of a college or university owned section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section an organization that normally receives a substantial part of its support from described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(ix) or university or a non-land-grant college of agriculture (see instructions). En university:  An organization that normally receives (1) more than 331/3 % of its support receipts from activities related to its exempt functions, subject to certain exemple from gross investment income and unrelated business taxable incomposed by the organization after June 30, 1975. See section 509(a)(2). (Complete Part IV) and organization organized and operated exclusively to test for public safety. An organization organized and operated exclusively for the benefit of, to perfone or more publicly supported organizations described in section 509(a)(1) the box on lines 12a through 12d that describes the type of supporting organization operated, supervised, or controlled by the supported organization operated, supervised, or controlled by the supporting organization operated, supervised, or controlled by the supporting organization operated organization vested in connection control or management of the supporting organization vested in the sam organization(s). You must complete Part IV, Sections A and C.	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)  A hospital or a cooperative hospital service organization described in section 170(b)  A medical research organization operated in conjunction with a hospital described ir hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or ope section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(  X An organization that normally receives a substantial part of its support from a gor described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(ix) operated or university or a non-land-grant college of agriculture (see instructions). Enter the runiversity:  An organization that normally receives (1) more than 331/3 % of its support from correceipts from activities related to its exempt functions, subject to certain exceptions support from gross investment income and unrelated business taxable income (less acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete An organization organized and operated exclusively to test for public safety. See sec An organization organized and operated exclusively for the benefit of, to perform the one or more publicly supported organizations described in section 509(a)(1) or section the box on lines 12a through 12d that describes the type of supporting organization. Type I. A supporting organization operated, supervised, or controlled by its supporting organization (s) the power to regularly appoint or elect a majority of supporting organization. You must complete Part IV, Sections A and B.  Type II. A supporting organization supervised or controlled in connection with its control or management of the supporting organization vested in the same persor organization(s). You must complete Part IV, Sections A and C.	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A) hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a government section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A norganization that normally receives a substantial part of its support from a governmental unit or from described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state or university:  An organization that normally receives (1) more than 331/3 % of its support from contributions, membersh receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than support from gross investment income and unrelated business taxable income (less section 511 tax) from acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to car one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See sec the box on lines 12a through 12d that describes the type of supporting organization and complete lines 1  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), the supported organization supervised or controlled in connection with its supported organization control or management of the supporting org

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.)

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,241,246.	17,843,857.	18,804,873.	11,668,425.	12,081,158.	72,639,559.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE	
4	Total. Add lines 1 through 3	12,241,246.	17,843,857.	18,804,873.	11,668,425.	12,081,158.	72,639,559.	
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).						NONE	
6	Public support. Subtract line 5 from line 4						72,639,559.	
	tion B. Total Support						72,033,333.	
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total	
7	Amounts from line 4	12,241,246.	17,843,857.	18,804,873.	11,668,425.	12,081,158.	72,639,559.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,312.	63,778.	3,037.	6,287.	14,508.	90,922.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE	
11	Total support. Add lines 7 through 10						72,730,481.	
12	Gross receipts from related activities, etc. (s	see instructions) .				12	545,797.	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>						
	tion C. Computation of Public Sup			4.4		44	00 00 00	
14 45	Public support percentage for 2021 (li					14	99.88 <b>%</b> 99.88 <b>%</b>	
15 160	Public support percentage from 2020					15		
ıoa	331/3% support test - 2021. If the organization of	-						
h	box and <b>stop here</b> . The organization quality 331/3% support test - 2020. If the organization			-				
b	this box and <b>stop here.</b> The organization							
17a	10%-facts-and-circumstances test - 2							
u	10% or more, and if the organization	_						
	Part VI how the organization meets					-	•	
	organization			J	•	. ,	` 🗀	
b	10%-facts-and-circumstances test - 2							
	15 is 10% or more, and if the organization	-						
	in Part VI how the organization meets					-	-	
	organization			•	•			
18	Private foundation. If the organization							
	instructions							

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

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

500	tion A Bublic Support			· · ·	•	,	
	tion A. Public Support	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_	```	(a) 2017	(5) 2010	(6) 2013	(d) 2020	(6) 2021	(i) rotai
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
2	· · · ·						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	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						
ı a	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						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	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	the organizat	ion's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,					15	%
16	Public support percentage from 2020 Sche					16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020 S					•	%
19 a	331/3% support tests - 2021. If the or	-					
	17 is not more than 331/3 %, check this						
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than $331/3\%$ , check		•	•			
20	Private foundation. If the organization of	did not check	a box on line 1	4, 19a, or 19b	, check this bo	x and see instru	uctions -

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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

A PRECIOUS CHILD, INC. Schedule A (Form 990) 2021 Page 5

	(continued)			age 🛡
Part	Supporting Organizations (continued)		Vaa	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>			
_	provide detail in <b>Part VI.</b>	11c		
Secti	on 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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4		
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	<u> </u>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b c	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	a inetr	uction	c)
Ü	The organization supported a governmental entity. Describe in all virious you supported a governmental entity (se	C IIISti	Yes	
2	Activities Test. Answer lines 2a and 2b below.			110
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
~	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Sectio	ns A through E.
Se	ction A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ction 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):	10		
	Average monthly value of securities	1a 1b		
	Average monthly cash balances  Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	Tu		
	(explain in detail in <b>Part VI</b> ):			
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		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionall		ted Type III supporting	n organization
•	— Oncor here if the current year is the organizations has as a non-fullctional	y iiitegia	ica iype iii supportiii(	y organization

Schedule A (Form 990) 2021

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(see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of support	ed				
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	9 Distributable amount for 2021 from Section C, line 6 9						
10	10 Line 8 amount divided by line 9 amount						
			(ii)		(iii)		

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

Schedule A (Form 990) 2021

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# Schedule B (Form 990)

#### **Schedule of Contributors**

OMB No. 1545-0047

2021

**Employer identification number** 

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-PF.

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

A PRECIOUS CHILD, INC 26-3349334 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 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).

Name of organization

A PRECIOUS CHILD, INC.

Employer identification number 26-3349334

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
--------	----------------------------------	---

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	U.S. SMALL BUSINESS ADMINISTRATION  409, 3RD STREET, SOUTH WEST  WASHINGTON, DC 20416	\$245,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	FIDELITY CHARITABLE DONOR ADVISED FUND PO BOX 770001 CINCINNATI, OH 45277	\$401,726.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### SCHEDULE D (Form 990)

Department of the Treasury

#### Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization Employer identification number PRECIOUS CHILD, INC. 26-3349334 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

#### Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

provide the following amounts relating to these items: 

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under FASB ASC 958 relating to these items: 

Pa	rt     Organizations Maintaini	ing Collections of	Art, Histor	rical Tre	asures,	or Other	Similar As	sets (d	continue	ed)	
3	Using the organization's acquisition	on, accession, and o	other record	ds, check	c any of	the follov	ving that ma	ıke sigr	nificant	use o	f its
	collection items (check all that app	ly):		_							
а	Public exhibition		d	Loan	or exchar	ige progra	m				
b	Scholarly research		е	Other							
С	Preservation for future gene										
4	Provide a description of the organ	nization's collections	and expla	in how t	hey furth	er the or	ganization's	exemp	t purpos	se in	Part
	XIII.										
5	During the year, did the organization							_	_		1
	assets to be sold to raise funds rath		ained as pai	rt of the o	organizat	ion's colle	ction?		Yes		No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	•	es" on Forn	n 990, F	Part IV, li	ne 9, or r	eported an	amour	nt on Fo	orm	
1 a	Is the organization an agent, trus							s not _			,
	included on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and comp	olete the foll	lowing tab	ole:						
							P	Amount			
С.	Beginning balance					c					
d	Additions during the year					d					
e	Distributions during the year				_	e					
f	Ending balance  Did the organization include an am				_	f     custodial	account liabi	ility2	Yes		No
	If "Yes," explain the arrangement i										140
	rt V Endowment Funds.	THE ATT ATT. OTLOCK TO	CIC II tile ex	piariation	nas been	provided	OIT all All			-	
	Complete if the organiza	ation answered "Ye	es" on Forn	n 990, F	Part IV, li	ne 10.					
	1 3	(a) Current year	(b) Prior			ears back	(d) Three yea	rs back	(e) Four	years b	ack
1a	Beginning of year balance	22,443.	2	21,483.	1	7,998.	18	,659.		14,9	44.
b	Contributions	16,197.									
	Net investment earnings, gains,										
	and losses	7,482.		960.		3,485.		-661.		3,7	15.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	46,122.	2	22,443.	2	1,483.	17	,998.		18,6	59.
2	Provide the estimated percentage			e (line 1g,	column (	a)) held as	s:				
a	Board designated or quasi-endown		_%								
	Permanent endowment ► 28.0										
С	The research read on lines 22. 2h	. % 	1000/								
20	The percentages on lines 2a, 2b, and Are there endowment funds not in	·		tion that	ara hald	and admir	nictored for th	20			
Ja	organization by:	the possession of the	ie organiza	lion that	are neiu	and admi	ilistered for tr	i <del>c</del>	Γ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate								3b		
4	Describe in Part XIII the intended u	J	•								
Pa	rt VI Land, Buildings, and Equ	uipment.								4.0	
	Complete if the organiz  Description of property	(a) Cost or			Part IV, I or other basi		See Form 9		I <b>rt X, IIN</b> ) Book va		
	Description of property	(a) Cost of			ther)		reciation	, (u	) BOOK Va	liue	
1 a	Land			3,2	97,881				3,29	7,88	31.
b	Buildings			2,0	30,000	. 1	.86,518.		1,84	3,48	32.
С	Leasehold improvements				234,271		89,095.			7,2	
d	Equipment			1	86,505		64,732.			1,7	
<u>e</u>	Other		202 5		72,098					2,09	
Tota	I. Add lines 1a through 1e. (Column	n (a) must equal Forr	n 990, Part I	x, columi	n (B), line	10c.)	▶		5,55	2,50	J8.

Schedule D (Form 990) 2021

JSA 1E1269 1.000

26-3349334

Part VII	Investments - Other Securities.  Complete if the organization answered	"Ves" on Form 90	On Part IV line 11h See Form 990	Part Y line 12
	(a) Description of security or category	(b) Book value	(c) Method of valua	
	(including name of security)	(b) Book value	Cost or end-of-year mark	
	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h) must a must Farm 000 Part V and (D) fine 40 )			
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 99	90, Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua	
(1)			Cost or end-of-year mark	Kei value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
<u>(6)</u>				
<u>(7)</u>				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
FaitiA	Complete if the organization answered	"Yes" on Form 90	90 Part IV line 11d See Form 990	Part X line 15
	<u> </u>	scription	56, 1 4111, 1116 114. 666 1 6111 666	(b) Book value
(1)	(1)			(1)
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)		
Part X	Other Liabilities.	,		
	Complete if the organization answered line 25.	"Yes" on Form 99	90, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Feder	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990. Part X. col. (B) line 25.)		<b>b</b>	

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 .

JSA 1E1270 1.000 7301QP R59G

Part !	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	12,358,053.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d 188,748.		
e	Add lines 2a through 2d	2e	262,387.
3	Subtract line 2e from line 1	3	12,095,666.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		12,000,000.
4	Investment expenses not included on Form 990, Part VIII, line 7b,		
a	· · · · · · · · · · · · · · · · · · ·		
b		4c	
С 5	Add lines <b>4a</b> and <b>4b</b>	5	12,095,666.
Part			12,093,000.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	12,575,895.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	242,423.
3	Subtract line 2e from line 1	3	12,333,472.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,333,472.
Part	XIII Supplemental Information.		
Provide 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation	line 4; Part X, line
SEE	SUPPLEMENTAL PAGE		
-			

#### Part XIII Supplemental Information (continued)

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. THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). HOWEVER, INCOME FROM ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME DURING THE YEARS ENDED DECEMBER 31, 2021 AND 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES \$212,569

OTHER EXPENSES INCLUDED IN OTHER INCOME \$(23,821)

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TOTAL \$188,748

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#### Schedule D (Form 990) 2021

#### Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES \$212,569

OTHER EXPENSES RECORDED TO REVENUE \$(23,821)

\_\_\_\_\_

TOTAL \$188,748

1E1226 2.000 7301QP R59G

#### **SCHEDULE G** (Form 990)

## Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

2021
Open to Public Inspection

value of the organization					Linployer identification	on number
A PRECIOUS CHILD, INC.					26-334933	34
Part I Fundraising Activities. Com	plete if the organ	nization ar	swered "	Yes" on Form 99	90, Part IV, line 1	7.
Form 990-EZ filers are not r						
1 Indicate whether the organization ra	<u> </u>			activities Check	all that annly	
	_		_			
a Mail solicitations	6			non-government (		
<b>b</b> Internet and email solicitations	f			government grant	S	
<b>c</b> Phone solicitations	g	g 💹 Spe	cial fundra	ising events		
d In-person solicitations						
2a Did the organization have a written	or oral agreement	with any in	dividual (in	ocluding officers of	directors trustees	
or key employees listed in Form 99						Yes No
<b>b</b> If "Yes," list the 10 highest paid inc						
compensated at least \$5,000 by the		, (Tariaraise	13) pursua	in to agreements	diadi willon the	Tariaraiser is to be
compensated at least \$6,000 by the	organization.					
	1				T	
(i) Name and address of individual			draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		or control of	from activity	fundraiser listed in	(or retained by)
• • • •		contrib	outions?	,	col. (i)	organization
		Yes	No			
1						
2						
2						
3						
4						
5						
6						
O .						
7						
8						
9						
10						
10						
Гotal			▶			
3 List all states in which the organization	ation is registered	or licensed	d to solicit	contributions or	has been notified	it is exempt from
registration or licensing.						

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than we, eet	J.			
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			GALA	GOLF TOURNAMENT	2	(add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	COI. <b>(C)</b> )
nue		_				
Revenue	1	Gross receipts	234,721.	75,213.	109,980.	419,914.
Re						
		Less: Contributions	66,623.	36,326.	104,396.	207,345.
	3	Gross income (line 1 minus				
		line 2)	168,098.	38,887.	5,584.	212,569.
	4	Cash prizes				
	_					
	5	Noncash prizes	48,345.	5,728.		54,073.
Se	_					
ns(	6	Rent/facility costs	21,104.	20,590.		41,694.
Direct Expenses						
E	7	Food and beverages	61,390.	7,132.	5,584.	74,106.
ect						
)ir	8	Entertainment	32,370.			32,370.
_						
	9	Other direct expenses	4,889.	5,437.		10,326.
	10	Direct expense summary. Add line	es 4 through 9 in colu	mn (d)		212,569.
	11	Net income summary. Subtract lin				
Pa	rt I			Yes" on Form 990, F	Part IV, line 19, or	reported more than
		\$15,000 on Form 990-EZ, lin	e 6a.			
Эe			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
en			(a) Billigo	bingo/progressive bingo	( <b>c</b> ) carer garming	col. (a) through col. (c))
Revenue						
<u>~</u>	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses						
χbe	3	Noncash prizes				
t E						
ec.	4	Rent/facility costs				
ΕÏ						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)	<b>&gt;</b>	
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)		
9		Enter the state(s) in which the orga				
а	ì	Is the organization licensed to con-	duct gaming activities	in each of these state	es?	Yes No
b	)	If "No," explain:				—
		-				
10a	ì	Were any of the organization's gaming	g licenses revoked, sus	pended, or terminated du	uring the tax year?	Yes No
b		If "Vac " evalein.	,			
		· · ·				

Schedule G (Form 990) 2021

Sched	dule G (Form 990 or 990-EZ) 2021 A PRECIOUS CHILD, INC.	26-334933	34 Page	₃ 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	es N	lo
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit	у		
	formed to administer charitable gaming?	Ye	es 💹 N	lo
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	7			%
14	Enter the name and address of the person who prepares the organization's gaming/special events book	s and		
	records:			
	Name ▶			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives		<b></b> .	
	revenue?	∐ Y€	es N	0
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the		
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Coming manager compensation • \$			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro	ceeds to		
	retain the state gaming license?		es 🔲 N	o
b				
	or spent in the organization's own exempt activities during the tax year ▶ \$			
Par				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	nal information	1	
	(see instructions).			

#### SCHEDULE I (Form 990)

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

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization		Employer identification number								
A PRECIOUS CHILD, INC.						26-3349334				
Part I General Information on Grants a	nd Assistand	e								
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's proc</li> </ol>	nts or assistan	ce?					X Yes No			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
_(1)										
_(2)										
(3)										
(4)										
(5)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations I</li></ul>										
This total number of other organizations	otoa iii tiio iiiit									

Schedule I (Form 990) (2021) 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	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 OPPORTUNITY FUNDS FOR GIVE SPORTS	149	16,508.			
2 OPPORTUNITY FUNDS FOR EDUSSENTIALS	12	5,285.			
3 OPPORTUNITY FUNDS FOR GIVE ARTS	3	704.			
4 PRECIOUS ESSENTIALS	17,685		5,429,501.	BOOK	CLOTHING
<b>5</b> FILL A BACKPACK	20,177		1,008,750.	воок	SCHOOL ITEMS
6 BASICS FOR BABIES	4,600		1,274,879.	BOOK	BABY GEAR
7 other programs	32,793		1,038,976.	BOOK	GIFTS, TOYS, CLOTHES

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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 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

A PRECIOUS CHILD, INC. 26-3349334

# 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	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

FAMILIES 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) (2021)

Page 2

Schedule I (Form 990) (2021)

Schedule I (Form 990) (2021)		A PRECIO	US CHILD,	INC.		26-3349334
Part III	Grants and O	her Assistance to Domestic In	dividuals. C	omplete	if the organization answered "Y	es" on Form 990, Part IV, line 22.
	Part III can be	duplicated if additional space is	needed.	•	-	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
_ 2					
3					
_4					
_ 5					
_ 6					
_7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

AN AGENCY PARTNER AND ENSURING THE ADULT REFERRED IS A PARENT OR

CAREGIVER OF A CHILD.

Page 2

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

#### **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Name of the organization A PRECIOUS CHILD, INC.

**Types of Property** 

Employer identification number 26-3349334

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		6,630,232.	FAIR MARK	ET V	ALUE	]
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►( )	1 41						
29	Number of Forms 8283 received	-			20		N	ONE
	which the organization completed I	-orm 8283,	Part V, Donee Acknowledge	ement	25		Yes	
200	During the year, did the organizat	ion roccivo	by contribution any propo	rty reported in Part I line	c 1 through		163	140
Jua	28, that it must hold for at least the				_			
	to be used for exempt purposes for	•			•	30a		Х
h	If "Yes," describe the arrangement i		ording period:			Ju		21
31	Does the organization have a		ance policy that require	es the review of any i	nonstandard			
J 1	contributions?			=		31		Х
322	Does the organization hire or use							23
JEa	contributions?	-	_	•		32a		Х
h	If "Yes," describe in Part II.					5_4		
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro-	perty for which column (a)	is checked			
			* * * * * * * * * * * * * * * * * * * *					
Fa. D	describe in Part II.	tione for Fo	000		Cahadula			\ 0004

ENORMOUS TASK.

Part II

**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 1, COLUMN (B):

OTHER - SCHOOL SUPPLIES AND PRECIOUS GIFT-

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

Schedule M (Form 990) (2021)

JSA

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 26-3349334

A PRECIOUS CHILD, INC

#### FORM 990, PART III, 4D, OTHER PROGRAM SERVICES:

GIVESPORTS PROVIDES NEW AND GENTLY-USED SPORTS EQUIPMENT ALONG WITH SUPPORT FOR SPORTS PROGRAM COSTS ASSOCIATED WITH REGISTRATION, UNIFORMS, CAMP, AND PARTICIPATION FEES TO CHILDREN IN NEED, GIVING THEM THE OPPORTUNITY TO PARTICIPATE IN SPORTS. GIVESPORTS PROVIDED OPPORTUNITY FUNDS, SPORTS EQUIPMENT AND SKILLS CAMPS TO 14,462 CHILDREN IN NEED.

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 2021, 16,013 CHILDREN WERE PROVIDED WITH BIRTHDAY AND HOLIDAY PRESENTS AND SPECIALLY MADE BIRTHDAY TREATS, A VALUE OF OVER \$797,675.

INSPIRING MINDS PROVIDES ACCESS TO STEM-BASED ACTIVITIES TO CHILDREN VISITING A PRECIOUS CHILD'S RESOURCE CENTER AND THROUGH EDUCATIONAL,

TAKE-HOME STEM KITS. THE INSPIRING MINDS CENTER WAS CLOSED IN 2021 DUE TO THE COVID-19 PANDEMIC; HOWEVER, 1,600 CHILDREN RECEIVED STEM KITS IN ORDER TO REMAIN ACADEMICALLY ENGAGED THROUGHOUT THE PANDEMIC.

EDUSSENTIALS PROVIDES EDUCATIONAL SUPPORT, SUCH AS COMPUTERS, CALCULATORS, TUTORING, AND INCENTIVES TO REMOVE BARRIERS TO SCHOOL ATTENDANCE AND IMPROVE EDUCATIONAL OUTCOMES FOR ECONOMICALLY DISADVANTAGED STUDENTS.

EDUSSENTIALS SUPPORTED 551 CHILDREN IN 2021.

GIVEARTS PROVIDES SUPPORT FOR THE ARTS PROGRAM COSTS ASSOCIATED WITH LESSONS, PARTICIPATION FEES, INSTRUMENTS, AND ART SUPPLIES TO CHILDREN IN

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

NEED, GIVING THEM THE OPPORTUNITY TO PARTICIPATE IN MUSIC, DANCE, THEATRE, AND VISUAL ARTS. GIVEARTS SUPPORTED 167 CHILDREN IN 2021.

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

BEFORE FILING THE 990, IT IS REVIEWED BY THE CEO AND VICE PRESIDENT OF 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 CONFLICT 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, AND ACTUAL CONFLICTS ARE REVIEWED BY EXECUTIVE STAFF AND
THE BOARD OF DIRECTORS. A PERSON WITH A POTENTIAL CONFLICT COULD
PARTICIPATE IN DELIBERATIONS BUT WOULD BE EXCLUDED FROM DISCUSSIONS
AND/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

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

COMPARISONS, BUDGET ALLOWANCES AND PERFORMANCE REVIEWS. A COMMITTEE MADE

UP OF MEMBERS OF THE BOARD OF DIRECTORS DETERMINED THE CEO'S COMPENSATION

USING THE PROCESS DESCRIBED.

THE BOARD REVIEWS THE COMPENSATION OF ALL OTHER OFFICES 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. THE CEO'S COMPENSATION WAS LAST REVIEWED IN MAY 2022.

#### 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.