Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Ā	For t	he 2014 calendar year, or tax year beginning , 2014	, and ending		, 20
		C Name of organization	,	D Employer identif	
В	Check if	A PRECIOUS CHILD, INC.		26-33493	
	Add	ress Doing hugineer as		- 20-33493	134
_		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	nor .
	Initia	atrolum 557 BURBANK STREET, UNIT E	- recent outle		
\vdash	Fina	City or town, state or province country and ZIP or foreign postal code	<u> </u>	(303) 466-	- 4272
-	_	BROOMFIELD, CO 80020			_
		F Name and address of principal officer. CAD TAXA		G Gross receipts	
L	pen	ong CINCIIVA PHARTIN		H(a) Is this a group r subordinates?	return for Yes X No
	Tayo	557 BURBANK STREET, UNIT E BROOMFIELD, CO 8 xempt status: X 501(c)(3) 501(c) (4) (post so) 4047(c)(4)	0020	H(b) Are all subordinat	tes included? Yes No
<u>'</u>		1001(0)(0) 301(0)() 4947(a)(1)	or 527	If "No." attach a	a list. (see instructions)
<u>-</u>		site: > WWW.APRECIOUSCHILD.ORG		H(c) Group exemptio	
	art I	of organization: X Corporation Trust Association Other ▶	L Year of for	mation: 2008 M Sta	ate of legal domicile: CO
	T				
-	1	Briefly describe the organization's mission or most significant activities: A PREC	CIOUS CHIL	D, INC. IS DE	EVOTED TO
nce		MAKING A POSITIVE IMPACT IN THE LIVES OF DISADVAN	NTAGED AND	DISPLACED	
rna		CHILDREN AND FAMILIES IN COLORADO BY IMPROVING THE			
Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more than 2	5% of its net assets.	
<u>ن</u> مح		Number of voting members of the governing body (Part VI, line 1a)			14.
sa	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14.
Activities	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	5 24.
Ę.	6	Total number of volunteers (estimate if necessary)		6	3,287.
⋖	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7:	a 0
	b	Net unrelated business taxable income from Form 990-T, line 34		71	b 0
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		3,554,586.	. 4,593,422.
Revenue	9	Program service revenue (Part VIII, line 2g)		4	0 0
Şe	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		79	. 1,594.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,645	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		3,566,310.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,743	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	• • • • • • • • • • • • • • • • • • • •		0 0
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		343,615.	····
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	• • • • • • •		0 637.
ďx	b	Total fundraising expenses (Part IX, column (D), line 25) 89,575			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,930,735.	3,697,826.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,280,093.	
	19	Revenue less expenses. Subtract line 18 from line 12		286,217.	
sor			Be	ginning of Current Year	
Net Assets Fund Balanc	20	Total assets (Part X, line 16)		545,641.	
t As	21	Total liabilities (Part X, line 26)		22,680.	
S.E.	22	Net assets or fund balances. Subtract line 21 from line 20.		522,961.	
Pa	rt II	Signature Block			
Und	der pe	nalties of perjury, I declare that I have examined this return, including accompanying schedu act, and complete. Declaration of preparer (other than officer) is based on all information of whic	les and statements	s, and to the best of m	v knowledge and belief it is
true	e, corre	ict, and complete. Declaration of preparer (other than officer) is based on all information of which	th preparer has any	y knowledge.	
٠.		Launa Warte		1111	2/15
Sig		Signature of officer		Date	
Hei	re	Larina Martin (50)			
		Type or print name and title			
D		Print/Type preparer's name Preparer's signature	Date	Check if	PTIN
Paid	oarer	SHELLEY A OWENS , CPA		self-employed	P00517745
•	oarer Only	Firm's name ▶GHP HORWATH, P.C.		Firm's EIN ▶ 84 -	····
		Firm's address ▶1801 CALIFORNIA STREET, SUITE 2200 DENVER, CO 80202			3-831-5000
Иау	the I	RS discuss this return with the preparer shown above? (see instructions)		Trilone III. 202	132
		rwork Reduction Act Notice, see the separate instructions.	• • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	X Yes No Form 990 (2014)
					· Jun 000 (2014)

Par	t IV Checklist of Required Schedules			age •
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
5	is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues.	İ		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
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			
7	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
o	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
9	complete Schedule D, Part III	8		X
3	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 accidit account liability;			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt penotiation services? If "Ves." complete Schodule D. Bort IV.			
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	4.0	. v	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	X	
	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,"	4.500000		
	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	ila		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С		110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes"			***************************************
	complete Schedule D, Parts XI and XII	12a	Х	
b	was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
13	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
. •	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Ves." complete Schodule F. Parte III and IV	,		•••
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		X
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	4		3.7
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	4.0	v.	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X	
	If "Yes," complete Schedule G, Part III	10		v
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		- 4 2

Part	Checklist of Required Schedules (continued)			Page 4
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	- 12		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A supposed as Co.	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	***************************************
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			~~~~
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	İ	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		ļ	
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
			990 (2014)

Check if Schedule O contains a response or note to any line in this Part V 1a O	Par	Statements Regarding Other IRS Filings and Tax Compliance			raye
tal Enter the number reported in Box 3 of Form 1096. Enter -0-if not applicable. b Enter the number of Forms W-26 included in line 1s. Enter -0-if not applicable. c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 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 2 Statements, filed for the calendar year ending with or within the year covered by this return 3 Statements, filed for the calendar year ending with or within the year covered by this return 3 Statements, filed for the calendar year ending with or within the year covered by this return 3 Statements, filed for the calendar year do the organization have an interest in, or a signature or other authority owns, a financial account in a foreign country (such as a bank account scentifies account, or other financial account) 5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 Was the organization have annual gross shall account scentifies account, or other financial accounts (FBAR) 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 May the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 May the organization shell the organization that it was or is a party to a prohibited tax shelter transaction and the organization shell the organization and party for goods and services provided on the payer? 5 May to Press; for the organization shell were not tax deductable as charitable contributions? 6 May the organization solid tary contributions that were not tax deductable as charitable contributions? 6 May the organization shell the payer? 7 Organizations that may receive deductable contributions and express statement that such contributions or gifts were not ta					
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2a Eltrie the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or with the year overted by this return. 2a 2.0 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Lany 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)? 5b if "Yes" chet the name of the foreign country the 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 Was the organization aparty notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" of line 5a of 5b, differ organization file Form 8886-T? 6a Does the organization and the very solicitation an express statement that such contributions or gifts were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible of the probability of the property for which it was required to file Form 8222? 6c Did the organization receive a payment in excess of \$75 made partly as a contribution of under the probability of the progenization receive and probability of the property of the property for which it		reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Note: If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions). 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 A X b If "Yes," has it fied a Form 990-T for this yea? If "No" to fine 3b, provide an explanation in Schedule O 3b		Statements, filed for the calendar year ending with or within the year covered by this return . 2a 24			
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Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand		Note. See the instructions for additional information the organization must report on Schedule O.		Ī	
c Enter the amount of reserves on hand	b	Enter the amount of reserves the organization is required to maintain by the states in which			
14a Did the organization receive any payments for indoor tanning services during the tax year?	_	The organization is licensed to issue qualified health plans			
b If "Yes," has it filed a Form 720 to report these payments? If "No " provide an explanation in School of O	C 140	Did the ergopization receive any neumant facilities.			
	ı⊶d h	If "Yes" has it filed a Form 720 to report these payments? If "No." provide an authorities in School 1.0			X

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	response to line da, ob, or rob below, describe the circumstances, processes, or changes in Schedule O	, and See in	for a	Page a "/ etion
	Check if Schedule O contains a response or note to any line in this Part VI			
<u>Sect</u>	ion A. Governing Body and Management			
			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14	1		H
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		<u> </u>
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	, a		
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who, cannot be reached at	UD		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Section	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			-
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
5	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	46-		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		
	participation in joint venture arrangements under applicable federal tay law, and take stone to extend the			
	organization's exempt status with respect to such arrangements?	401		
ecti	on C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed ▶			
18 :	Section 6104 requires an organization to make its Forms 1022 for 1024 its required to be filled		···	
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	onl
ſ	Own website Another's website X Upon request Other (explain in Schedule O)			
Į.	- Torpian in Conduct Of			
ا 1 9'	JESUIDE III SUBBUILE U WILEIMER (AND IT SO NOW) the organization made its server is a server is server.		Olion	ar
! ! 19 !	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte inancial statements available to the public during the tax year.	erest p	oncy,	
1	mancial statements available to the public during the tax year.		ioncy,	
1	Tescribe in Schedule O whether (and it so, how) the organization made its governing documents, conflict of inte inancial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records CARINA MARTIN 557 BURBANK STREET, UNIT E BROOMFIELD, CO 80020 303-466-4272		ioncy,	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	Pos neck s pe	rson	e than or thrust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
						ec.	_			
	3.00	Х						C	0	0
(2)MICHAEL_SANDSTRUM DIRECTOR	3.00	37						_	_	
(3)CARINA MARTIN	40.00	X						C	0	0
FOUNDER/CEO	1-40.00	Х		х						
(4)MIKE KING	3.00		-	^			-	0	0	0
PRESIDENT		Х		x						
(5)JIM DUGINSKI	3.00	71						0	0	0
VICE PRESIDENT		Х		х				0	o	0
(6)BILL UNREIN	3.00								0	
TREASURER		Х		х				0	o	0
(7)LAURA RINKER	3.00									
SECRETARY		Х		х				0	ol	0
(8)NAGESH ANUPINDI	3.00				******					
DIRECTOR		Х						О	o	0
(9)MARK HUGHES	3.00									
DIRECTOR		Х						0	О	0
(10)DAVE_KRAUSE DIRECTOR	3.00	х								
(11)MATT OBERT	3.00			\dashv				0	0	0
DIRECTOR		х						0	o	0
(12)LAURINDA PANG	3.00			_				O		V
DIRECTOR		х						0	o	0
(13)ANN MARIE WHITE DIRECTOR	3.00	.,								
(14)FRANK MILINAZZO	1.00	Х		-				0	0	0
DIRECTOR		х						0		_
ISA			<u>l</u>					U	0	0

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Page	8

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	yee	es,	and H	ligl	nest Compensat	ed Employee	s (continued)
(A) Name and title	(B) Average hours per week (list any hours for related	(do r box, office	ot cl unles	Pos neck ss pe	c) sition more erson lirect	e than or is both a or/truste	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation f related organizations (W-2/1099-MIS	(F) Estimated from amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)		organization and related organizations
	*** *** *** *** *** ****									
1b Sub-total								0		0 0
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)		 	· · ·		· · ·		A	0		0 0
2 Total number of individuals (including but not reportable compensation from the organization	limited to tl	nosel C	iste	d at	oove	e) who	re	ceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r, or ch indi	tru <i>vidu</i>	ste ıal	e, ŀ	(ey ei	mpl	loyee, or highest	compensate	d 3 X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	sum of repeater than	ortab \$15	le c 0,00	om 00?	pen <i>If</i>	sation "Yes.	an " c	nd other compens	sation from the	e h
Did any person listed on line 1a receive or for services rendered to the organization? If "Yes"	accrue cor	npens	satio	on f	rom	anv	unr	elated organization	n or individua	al l
Section B. Independent Contractors										
1 Complete this table for your five highest com compensation from the organization. Report of year.	pensated ir ompensatio	ndepe on for	nde the	nt c cal	cont end	ractor ar yea	s th ar e	nat received more nding with or with	than \$100,00 in the organiz	00 of ation's tax
(A) Name and business add	ress							(B) Description of se	rvices	(C) Compensation
TENOTICE		***************************************								
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)	cluding bu	t not	lim	ited		those	e lis	sted above) who	received	

Part V	Statemer	nt of	Revenue

5005620	SEMPOONS	Check if Schedule O contains a response or note to a	ny line in this Part	VIII		X
15			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ints	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
ts, An	С	Fundraising events 1c 509,022.				
ia i	d	Related organizations 1d				
S, III	е	Government grants (contributions). 1e 26,909.	1			
tion Sr. S	f	All other contributions, gifts, grants.	1			
ibu	'					
a di	l _					1000
ಬ್ಬಿ ಕ	g h	Noncash contributions included in lines 1a-1f: \$ 3,585,880.				
<u> </u>	 ''	Total. Add lines 1a-1f	4,593,422.			
enr		Business Code				
Rev	2a					
e Ce	b					
Ξ	С					
Š	d					
ran	е					
Program Service Revenue	f	All other program service revenue				
	g	Total. Add lines 2a-2f	0			
	3	Investment income (including dividends, interest,				
		and other similar amounts). ATTACHMENT 2 ▶	1,594.			1,594.
	4	Income from investment of tax-exempt bond proceeds .	0			
	5	Royalties	0			
		(i) Real (ii) Personal				
	6a	Gross rents				
	ь	Less: rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of (i) Securities (ii) Other	-			
		assets other than inventory				
	h					
	b	Less: cost or other basis				
		and sales expenses				
	C	Gain or (loss)				
٠.	d	Net gain or (loss)	0			SOURCE CONSIGNATION FOR CONTRACTOR
enne	8a	Gross income from fundraising				
/eu		events (not including \$509,022. ATCH 3				
é		of contributions reported on line 1c).				
<u></u>		See Part IV, line 18 a 168,596.				
Other Rev	b	Less: direct expenses b 172,661.				
ō	С	Net income or (loss) from fundraising events $ATCH.4$	-4,065.			-4,065.
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a				
	b	Less: direct expenses b				
	С	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory ▶	0			
		Miscellaneous Revenue Business Code				
	11a	na de la companya de				
	b					
	С				·················	
	d	All other revenue				
	е	Total. Add lines 11a-11d · · · · · · · · · · · ·	0			
	12	Total revenue. See instructions	4,590,951.		economic de la companya de la companya de la companya de la companya de la companya de la companya de la compa	
			1,320,331.			-2,471.

26-3349334

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 responot 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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	·		
	Grants and other assistance to domestic individuals. See Part IV, line 22	3,637.	3,637.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	455,239.	348,029.	47,352.	59,858
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	16,991.	12,655.	1,453.	2,883
10	Payroll taxes	38,664.	29,789.	3,896.	4,979
	Fees for services (non-employees): Management	0			
	Legal	0			
	Accounting	10,250.		10,250.	
	Lobbying	0		•	
	Professional fundraising services. See Part IV, line 17.	637.			63
	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	2,646.	2,363.	283.	
12	Advertising and promotion	7,578.	2,387.	401.	4,790
13	Office expenses	15,902.	10,098.	1,496.	4,308
14	Information technology	23,272.	11,056.	12,167.	4 :
5	Royalties	0			
	Occupancy	152,217.	128,565.	20,093.	3,559
	Travel	<u> </u>			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,329.	502.	34.	793
20	Interest	48.	43.	5.	79.
21	Payments to affiliates	0		J.	
22	Depreciation, depletion, and amortization	1,875.		1,875.	
23	Insurance	1,918.	1,328.	590.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	2 455 255			
	PROGRAM_MATERIALSVEHICLE_EXPENSES	3,455,360.	3,449,477.	188.	5,695
	CREDIT_CARD FEES	4,096. 8,579.	4,021.	75.	~
	STAFF DEVELOPMENT EXPENSES	4,494.	4,380.	3,228.	971
	All other expenses	8,262.	6,330.	3,004.	544 509
25	Total functional expenses. Add lines 1 through 24e	4,212,994.	4,015,606.	107,813.	89,575
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)			2017010.	

		Check if Schedule O contains a response or note to any line in this Pa	<u>πχ</u>	· · · · ·	X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	329,123.	1	484,319.
	2	Savings and temporary cash investments	0	2	(
***************************************	3	Pledges and grants receivable, net	2,315.	3	6,200.
***************************************	4	Accounts receivable, net	0	4	(
number of the second	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
S	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0		(
Assets	7	Notes and loans receivable, net	0	7	(
Ass	8	Inventories for sale or use	176,881.	 	374,080.
	9	Prepaid expenses and deferred charges	16,682.	9	41,919.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 12,500.			
	b	Less: accumulated depreciation	8,750.	10c	6,875.
	11	Investments - publicly traded securities	11,890.	11	12,942.
	12	Investments - other securities. See Part IV, line 11		12	C
	13	Investments - program-related. See Part IV, line 11		13	C
	14	Intangible assets		14	C
	15	Other assets. See Part IV, line 11	0	15	C
-	16	I otal assets. Add lines 1 through 15 (must equal line 34)	545,641.	16	926,335.
	17	Accounts payable and accrued expenses	22,680.	17	15,370.
	18	Grants payable	0	18	C
	19	Deferred revenue	0	19	27,250.
- 1	20	Tax-exempt bond liabilities	0	20	C
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	C
Ξ	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
	22	disqualified persons. Complete Part II of Schedule L	0	22	0
- 1	23 24	Secured mortgages and notes payable to unrelated third parties	O	23	0
		Unsecured notes and loans payable to unrelated third parties	0	24	0
	23	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			
	26	of Schedule D	0		0
		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	22,680.	26	42,620.
anc	27	Unrestricted net assets	474,219.	27	866,640.
3ak		Temporarily restricted net assets	36,667.	28	5,000.
Fund Balances	29	Permanently restricted net assets	12,075.	29	12,075.
or Fur		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.			20,0,5.
its	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
S	33	Total net assets or fund balances	522,961.	33	883,715.
	34	Total liabilities and net assets/fund balances	545,641.	34	926,335.

Form 9	90 (2014)				Pa	ge 12
Par	Reconciliation of Net Assets		····			90 1-
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	Ī		90,	951.
2	Total expenses (must equal Part IX, column (A), line 25)	2				994.
3	Revenue less expenses. Subtract line 2 from line 1	3		2	77,	957.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		E	22,	961.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6			*******	0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			17,	203.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		8	83,	715.
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII					
***********	a respense of note to any mile in that art Air	• • •	<u></u>	• • •	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				res	INO
	If the organization changed its method of accounting from a prior year or checked "Other," or	volai				
	Schedule O.	Apiaii	1 111			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were con	 npiled	or	2.0		
	reviewed on a separate basis, consolidated basis, or both:	···piioc	. 0.			
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited c	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	overs	iaht			
	of the audit, review, or compilation of its financial statements and selection of an independent ac-	count	ant?	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, or	explai	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fort	h in			
	the 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 und	dergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	dito		26		

Form **990** (2014)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2014

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

	ne of the organization					Employer ide	ntification number
A.	PRECIOUS CHILD, INC.					2.6	5-3349334
Pa	irt I Reason for Public Cha	arity Status (All	organizations must	complet	te this p	art.) See instruction	S.
The	e organization is not a private fou	ındation because i	t is: (For lines 1 throu	gh 11, cl	heck only	one box.)	
1	A church, convention of chi	urches, or associa	ation of churches desc	ribed in	section '	170(b)(1)(A)(i).	
2	A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E.)			
3	A hospital or a cooperative	hospital service of	rganization described	in sectio	on 170/h)/1)/Δ\/;;;)	
4	A medical research organiz	zation operated in	conjunction with a ho	enital de	scribad i	// ///////////////////////////////////	Viii) Enter the
	hospital's name, city, and si	tate:	oonjunotion with a no	opital ac	SCHEEU I	11 Section 170(b)(1)(F	y(m). Enter the
5	An organization operated		a college or universi	tv. owno	d or on	orated by a savaram	antal unit densits at its
	section 170(b)(1)(A)(iv). (C	Complete Part II)	a conege of universi	ty Owne	u or ope	erated by a governm	ental unit described in
6	A federal, state, or local go		rnmontal unit describe	ــــمناه،	41 470	(1.)(4)(4)(.)	
7	X An organization that norma	ally receives a sur	hetential part of its a	o III sec	tion 170	(b)(1)(A)(v).	
•	X An organization that normal described in section 170(b)	V1VAVvil (Comp	ustantiai part 01 its st	ipport ir	om a go	overnmental unit or fi	om the general public
8	A community trust describe						
9	An organization that norm	olly received: (4)	b)(1)(A)(VI). (Complete	e Part II.))		
3	An organization that norma	ally receives. (1) r	nore than 331/3% of	its supp	ort from	contributions, memb	pership fees, and gross
	receipts from activities rela	ated to its exemp	ot functions - subject	to certa	ain excer	otions, and (2) no me	ore than 331/3% of its
	support from gross invest	unent income an	d unrelated business	s taxabl	e incom	e (less section 511	tax) from businesses
10	acquired by the organizatio	n arter June 30, 1	975. See section 509	(a)(2). (t	Complete	e Part III.)	
10	An organization organized	and operated exci	usively to test for publ	ic safety.	. See se	ction 509(a)(4).	
11	An organization organized :	and operated excl	usively for the benefit	of, to pe	rform the	e functions of, or to ca	erry out the purposes of
	one or more publicly suppo	orted organizations	described in section	509(a)(1	l) or sect	tion 509(a)(2) . See se	ction 509(a)(3). Check
	the box in lines 11a through	n i id that describ	es the type of support	ing orga	ınization	and complete lines 11	e, 11f, and 11g.
а		anization operated	l, supervised, or contr	olled by	its supp	orted organization(s)	typically by giving
	the supported organization	on(s) the power to	regularly appoint or e	elect a m	najority c	of the directors or true	stees of the supporting
	organization. You must co	omplete Part IV, S	Sections A and B.				
b	.) [··· / · o apporting org	anization supervis	ed or controlled in co	nnection	n with its	s supported organizat	ion(s), by having
	control or management o	of the supporting o	organization vested in	the sam	ne persor	ns that control or ma	nage the supported
	organization(s). You must						
С) be in tangengular into	grated . A supporti	ing organization opera	ated in c	onnectio	n with, and functiona	Illy integrated with,
	its supported organization	n(s) (see instruction	าร). You must comple	te Part l	V, Section	ons A, D, and E.	
d		integrated. A sup	porting organization of	perated	in conn	ection with its suppor	rted organization(s)
	that is not functionally inte	egrated. The orga	nization generally mus	st satisfy	a distrib	oution requirement an	d an attentiveness
	requirement (see instructi	ions). You must co	omplete Part IV, Sect	ions A a	ind D, an	d Part V.	
е	Check this box if the orga	nization received	a written determination	n from t	he IRS t	hat it is a Type I. Type	II. Type III
	functionally integrated, or	Type III non-funct	tionally integrated sup	porting o	organizat	tion.	, .) [
f	Enter the number of supported	organizations					
<u>g</u>	Provide the following information	on about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-9 above or IRC section		ur governing ment?		other support (see
			(see instructions))	GOCO	ments	instructions)	instructions)
				Yes	No		
(A)							
							The state of the s
(B)							
(C)							
(D)							
(E)							
Tota							
COLS	41	1			1		1

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

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

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,030,795.	1,503,068.	2,153,165.	3,554,586.	4,593,422.	12,835,036.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	1,030,795.	1,503,068.	2,153,165.	3,554,586.	4,593,422.	12,835,036.
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)						02.041
6	Public support. Subtract line 5 from line 4.						93,841.
Sec	tion B. Total Support						12,741,195.
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,030,795.	1,503,068.	2,153,165.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,030,733.	1,303,066.	2,133,103.	3,554,586. 79.	4,593,422. 1,594.	12,835,036.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						Ç
11	Total support. Add lines 7 through 10						12,836,709.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organizati	on's first, secon	d third fourth	or fifth tax ves	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Supp		E	····			
14	Public support percentage for 2014 (lin	ne 6, column (f)	divided by line	11, column (f))		14	99.26%
15	Public support percentage from 2013	Schedule A, Pa	rt II, line 14			15	97.55%
16a	331/3% support test - 2014. If the or	rganization did	not check the b	oox on line 13,	and line 14 is	331/3 % or mor	
	this box and stop here . The organization						▶ X
b	331/3% support test - 2013. If the o	rganization did	not check a bo	ox on line 13 o	or 16a, and line	15 is 331/3%	or more,
	check this box and stop here. The orga	inization qualifie	es as a publicly s	supported orga	nization		>
17a	10%-facts-and-circumstances test - 2	014. If the org	anization did no	t check a box	on line 13, 16a	, or 16b, and li	ne 14 is
	10% or more, and if the organization	meets the "fac	ts-and-circumst	ances" test, ch	eck this box an	d stop here. E	xplain in
	Part VI how the organization meets the	ne "facts-and-ci	rcumstances" te	st. The organiz	zation qualifies	as a publicly su	upported
	organization						>
b	10%-facts-and-circumstances test - 2	013. If the org	anization did no	ot check a box	on line 13, 16a	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga	nization meets	the "facts-and	-circumstances"	test, check th	is box and st o	p here.
	Explain in Part VI how the organization	on meets the "f	acts-and-circum	stances" test.	The organization	n qualifies as a	publicly
18	supported organization Private foundation. If the organization	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	
	instructions	• • • • • • • •					<u> > </u>

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities		-				
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid				***		
	to or expended on its behalf					ļ	
5	The value of services or facilities						
	furnished by a governmental unit to the		THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPER			No. of Contract of	
	organization without charge					Address of the second	
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		***				
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				management of the second		
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support			1		I	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6					(-,	(7, 512.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources			777700000			
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 five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501(c)(3)
	organization, check this box and stop here.				<u> </u>	<i></i>	▶
	tion C. Computation of Public Sup	port Percenta	age				
15	Public support percentage for 2014 (line 8,	column (f) divide	ed by line 13, colur	^{nn (f))}		15	%
16	Public support percentage from 2013 Scher	dule A, Part III, lin	e 15			16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2014 (lin	ie 10c, column (1	f) divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2013 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2014. If the org	janization did no	ot check the box	on line 14, and	l line 15 is more	e than 331/3%, a	and line
	17 is not more than 331/3%, check this	s box and stop	here. The orga	anization qualifies	s as a publicly s	supported organia	zation 🕨
b	33 1/3 % support tests - 2013. If the organ	nization did not	check a box on	line 14 or line 19	a, and line 16 is	more than 331/3	3 %, and
	line 18 is not more than 331/3%, check	this box and st	op here. The or	ganization qualifie	es as a publicly	supported organi	zation 🕨 🔙
20	Private foundation. If the organization of	lid not check a	a box on line	14, 19a, or 19b	, check this bo	x and see instri	uctions ►

Part IV Supporting Organizations

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

Section A. All	Supporting	Organizations

			Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).	5a		
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?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9(a)) 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 .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		-
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.)	10b		

Part	Supporting Organizations (continued)			Page 5
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
Cook	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		•	
2		1		ļ
_	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI now 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		L	<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			110
	or trustees of each of the organization's supported organization(s)? If "No " describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
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, (1) a written notice describing the type and amount of support provided during the prior			
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2		1		
_	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	Income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations		I	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructio	ons):	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes " then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes	1		
	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 in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.	.		
	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	***************************************		
==	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	30		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	-+	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	***************************************	
JSA				

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust on	Nov 20 1970 See in	etructions All
other Type III non-functionally integrated supporting organizations must con	nplete S	ections A through E.	isti dottoris. Ali
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	***************************************	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall		ted Type III supporting	organization (see
instructions).	, integra	rea Type in supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2014

Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.		-	
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

Page 8

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

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

Name of the organization		Employer identification number							
A PRECIOUS CHILD,	INC.	26.2240224							
Organization type (check o	ne):	26-3349334							
Filers of:	Section:								
r ners or.									
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a pr	rivate foundation							
	527 political organization	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation								
General Rule X For an organization or more (in mone contributor's total	on filing Form 990, 990-EZ, or 990-PF that received, during the year, y or property) from any one contributor. Complete Parts I and II. See I contributions.	contributions totaling \$5,000 instructions for determining a							
Special Rules									
regulations under 13, 16a, or 16b, a	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.									
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year									
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules does ust answer "No" on Part IV, line 2, of its Form 990; or check the box to certify that it does not meet the filing requirements of Schedule B (on line H of its Form 990-EZ or on its							

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Part	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1_	·	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2_	WES:	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3_		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4 _		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6 _		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Part	Contributors (see instructions). Use duplicate copies of	Part I if additional space is no	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 -		\$ <u>-</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 9		- \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_ (a)		\$ <u>-</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Darf I	Contributous / in the initial contributous / initial con		26-3349334
	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 13 _		\$ <u>-</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 14 _	<u></u>	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ <u>-</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17_	DENVER, CO 80202	\$ <u>.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_		- \$ <u>-</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	art Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_ 19 _		\$ <u>-</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20		\$\$ 	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_ 21 _		- \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_ 22 _		- - \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
23	<u>.</u>	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
24_	<u>i</u>	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ <u>.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 26 _		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 27 _		- \$ <u>-</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		- - \$:	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 29 _	<u>i</u>	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30_		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
31		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
32_			Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 33 _			Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
34_		\$ 3	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
35_		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
36_		\$ <u></u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Part I	Contributors (see instructions). Use duplicate copies of	f Dort Life additional access	26-3349334
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 37 _		\$ <u>-</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$ <i>2.</i>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 39		\$ <u>-</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$ <u>.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41_		- \$ <u>.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42_		- \$ <u>-</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 43 _		- - \$ <u>-</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 44 _		\$ <u>-</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46_		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47_		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48_		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	Contributors (see instructions). Use duplicate copies	of Part I if additional space is nee	eded.
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49_		\$\$ <u>\$</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50_		\$ <u>.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 51 _		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 52 _		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 53_	WESTMINSTER, CO 80234	\$ <u></u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$ <u>·</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

(a)	Contributors (see instructions). Use duplicate copies of (b)		
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 55 _		\$ <u></u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

26-3349334

Part II	Noncash Property (see instructions). Use duplicate copies	s of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization A PRECIOUS CHILD, INC. Employer identification number 26-3349334 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047
2014

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number A PRECIOUS CHILD, INC 26-3349334 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Aggregate value at end of year. 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ _____ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

- (1	Organizations Waintainin	ig Collections of	Art, Hist	orical I	reasure	es, or U	ther Simila	ar Asse	ts (cont	inued)
•	the term at the control of the contr									
3	Using the organization's acquisition		other record	ds, check	k any of	the follo	wing that a	re a sigr	nificant u	se of its
	collection items (check all that app	ly):	·	,						
a	Public exhibition		d			nge progr				
b	Scholarly research		е	Other						
C	Preservation for future general									
4	Provide a description of the organ	nization's collections	and expla	in how t	they fur	ther the c	rganization'	s exemp	t purpos	e in Part
	XIII.									
5	During the year, did the organization	n solicit or receive o	donations of	fart, histe	orical tre	easures, o	r other simil	ar		
	assets to be sold to raise funds rath	er than to be mainta	ained as pa	rt of the o	organiza	tion's coll	ection? ,	[Yes	No
Pai	t IV Escrow and Custodial Ar	rangements. Com	plete if th	e organ	ization	answere	d "Yes" to F	orm 990	0, Part I	√, line 9,
	or reported an amount or	Form 990, Part X	(, line 21.	-						
1 a	Is the organization an agent, truste	e, custodian or othe	er intermed	iary for c	ontribut	ons or oth	er assets no	t		
	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and comp	olete the foll	owing tat	ole:					
					ſ		A	mount		
С	Beginning balance					1c				
d	Additions during the year				[1d				
е	Distributions during the year		<i>.</i>		[1e				
f	Ending balance					1f				
2a	Did the organization include an am	ount on Form 990,	Part X, line	21, for e	scrow o	r custodia	al account lia	bility?	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the ex	planation	has bee	en provide	d in Part XIII	ا		
Par	t V Endowment Funds. Com	plete if the organi	zation ans	wered "	Yes" to	Form 99	0. Part IV.	ine 10.	• • • •	
		(a) Current year	(b) Prior			years back	(d) Three y		(e) Four	years back
1 a	Beginning of year balance	11,890.								
b	Contributions		12	2,075.						
С	Net investment earnings, gains,					***************************************				
	and losses	1,052.		-185.						
d	Grants or scholarships	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								
	Other expenditures for facilities			***************************************						
	and programs									
f	Administrative expenses									
g	End of year balance	12,942.	1 -	,890.						
2	Provide the estimated percentage of				column	(a)) held a				
а	Board designated or quasi-endowm	ient ▶	%	(1110 19,	COIGITITI	(a)) ricia c	13.			
b	Permanent endowment ▶ 100.0									
	Temporarily restricted endowment									
	The percentages in lines 2a, 2b, ar		00%							
3a	Are there endowment funds not in			tion that	are held	and adm	injetorod for	tho		
	organization by:		io organiza	non mac	are ricio	and adm	inistered for	iiie	ſ.	es No
	(i) unrelated organizations									
	(ii) related organizations									X
b	If "Yes" to 3a(ii), are the related or	nanizatione lieted ac		Schodulo	 . D2				3a(ii)	X
4	Describe in Part XIII the intended u	ses of the organizat	tion's andou	mont fur	: 1\:				3b	
	t VI Land, Buildings, and Equi		tion a endov	vinent lui	ius.					
u Gu	Complete if the organiza	tion answered "Ye	s" to Form	990, Pa	art IV. li	ne 11a. S	See Form 9	90. Part	X. line	10.
	Description of property	(a) Cost or	other basis	(b) Cost o	r other bas	is (c) A	ccumulated) Book valu	
1 a	Land	(invest	ment)	(01	ther)	der	preciation			
b	Land	• • • •								
	Buildings	• • • •			***************************************					
	Equipment				12,50	0.	5,625.			6,875.
		(d)	000 =		7-1			·		
iota	I. Add lines 1a through 1e. (Column	(a) must equal Form	1 990, Part >	(, column	(B), line	10(c).) .	▶			6,875.

Part VII Investments - Other Securities.

	Complete if the organization answered	a "Yes" to Form 990,	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
(2) Closely	-held equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(<u>H</u>)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII			
	Complete if the organization answered	I "Yes" to Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
_(7)			
(8)			
(9)			
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	<u> </u>	
	Complete if the organization answered	l "Yes" to Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
		scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	
Part X	Other Liabilities.	"Yes" to Form 990	Part IV, line 11e or 11f. See Form 990, Part X,
	line 25		
	iine 25.		
1.	(a) Description of liability	(b) Book value	
1. (1) Federa	iine 25.		
1. (1) Federa (2)	(a) Description of liability		
1. (1) Federa (2) (3)	(a) Description of liability		
1. (1) Federa (2) (3) (4)	(a) Description of liability		
1. (1) Federa (2) (3) (4) (5)	(a) Description of liability		
1. (1) Federa (2) (3) (4) (5) (6)	(a) Description of liability		
1. (1) Federa (2) (3) (4) (5) (6) (7)	(a) Description of liability		
1. (1) Federa (2) (3) (4) (5) (6) (7) (8)	(a) Description of liability		
1. (1) Federa (2) (3) (4) (5) (6) (7) (8) (9)	(a) Description of liability al income taxes	(b) Book value	
1. (1) Federa (2) (3) (4) (5) (6) (7) (8) (9)	(a) Description of liability al income taxes in (b) must equal Form 990, Part X, col. (B) line 25.)	(b) Book value	
1. (1) Federa (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column 2. Liability for	(a) Description of liability al income taxes In (b) must equal Form 990, Part X, col. (B) line 25.) In uncertain tax positions. In Part XIII, provide the	(b) Book value	ne organization's financial statements that reports the f the text of the footnote has been provided in Part XIII

Pan	۵	4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	5,279,115.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	5,275,1115.
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities 2b 583,142.		
С	Recoveries of prior year grants 20 20 20 20 20 20 20 20 20 2	***************************************	
d	Other (Describe in Part XIII.) Add lines 2s through 2d. 105,022.		
е	Add lines 2a through 2d Subtract line 2a from line 1	20	600 161
3	Subtract line 2e from line 1	2e 3	688,164.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	4,590,951.
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c 5	4,590,951.
Part :	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn	4,330,331.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,918,361.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 600,345.		
b	Prior year adjustments 2b		
С			
d	Other (Describe in Part XIII.) 2c 2d 105,022.		
	Add lines 2a through 2d	2e	705,367.
3	Subtract line 2e from line 1	3	4,212,994.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
D	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,212,994.
Provide	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part		
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ITL V, III	ne 4; Part X, line
	PAGE 5	radon.	
	1100 7		

Part XIII Supplemental Information (continued)

FIN 48 (ASC 740) FOOTNOTE

THE ORGANIZATION IS OPERATED AS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2014 AND 2013. THE ORGANIZATION RECOGNIZES TAX LIABILITIES WHEN, DESPITE THE ORGANIZATION'S BELIEF THAT ITS TAX RETURN POSITIONS ARE SUPPORTABLE, THE ORGANIZATION BELIEVES THAT CERTAIN POSITIONS MAY NOT BE FULLY SUSTAINED UPON REVIEW BY TAX AUTHORITIES. BENEFITS FROM TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT. THE ORGANIZATION HAS CONCLUDED THERE IS NO TAX LIABILITY OR BENEFIT REQUIRED TO BE RECORDED AS OF DECEMBER 31, 2014 OR 2013. THE ORGANIZATION IS NO LONGER SUBJECT TO FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS PRIOR TO 2011.

PART XII LINE 2D

FUNDRAISER EVENT EXPENSES: \$13,940

DIRECT BENEFIT TO DONORS:

91,082

\$105,022

PART XI LINE 2D

NET FUNDRAISING REVENUES: \$105,022

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public

Employer identification	tion number
A PRECIOUS CHILD, INC. 26-33493	2 4
Fundraising Activities Complete if the ergonization are all Novellet E. 200 D. (1) (1)	e 17
Form 990-EZ filers are not required to complete this part.	<i>5</i>
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.	
a Mail solicitations e Solicitation of non-government grants	
b Internet and email solicitations f Solicitation of government grants	
c Phone solicitations g Special fundraising events	
d In-person solicitations	
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?	Yes No
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the compensated at least \$5,000 by the organization.	e fundraiser is to be
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser listed in contributions?	(vi) Amount paid to
Yes No	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
Total	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified registration or licensing.	d it is exempt from
regionation or noonling.	

Sche	dule	A PREC e G (Form 990 or 990-EZ) 2014	IOUS CHILD, INC.		26-	-3349334 Page
Pa			nt contributions and gros	wered "Yes" to Form 990 ss income on Form 990	90, Part IV, line 18, or 0-EZ, lines 1 and 6b. I	reported more
			(a) Event #1 GALA	(b) Event #2 LUNCHEON	(c) Other events	(d) Total events (add col. (a) through
ø			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	369,966.	196,425.	175,836.	742,22
	2	Less: Contributions	204,009.	196,425.	173,197.	573,63
		Gross income (line 1 minus line 2)	165,957.		2,639.	168,59
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	Managaria /			
Direc	8	Entertainment				
	9	Other direct expenses			40,118.	172,31
	10	Direct expense summary. Add lines				172,31
	11	Net income summary. Subtract line 1	10 from line 3, column (d)		-3,71
Pa	rt I	Gaming. Complete if the org than \$15,000 on Form 990-E	anization answered "Y	es" to Form 990, Par	t IV, line 19, or repo	rted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Re	1	Gross revenue				
benses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes %	
	7	Direct expense summary. Add lines 2	through 5 in column (d)		>	
		Net gaming income summary. Subtra				
^						
9 a b	ls	nter the state(s) in which the organizat the organization licensed to conduct of "No," explain:	ion conducts gaming acgaming acgaming activities in each	of these states?		. Yes No
ın a	ī.	ere any of the organization's gaming I	icenses revoked suspe	nded or terminated durin	on the tay year?	Yes No

b If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2014
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	rovonuo?
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 ►
	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 proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year > \$
Part	

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047 2014

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name of the organization A PRECIOUS CHILD, INC

Employer identification number 26-3349334

Types of Property (a) (c) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1q Art - Works of art. Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods....... Х 2,625,932. FMV Cars and other vehicles 7 Boats and planes. Intellectual property 9 Securities - Publicly traded Securities - Closely held stock . . . 10 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles..... 19 Food inventory..... Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts Scientific specimens..... 23 24 Archeological artifacts..... Other ►(_ATCH 1 ____) 25 959,949. Other ►(_____) 26 27 Other ►(_____) 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?.... 30a Χ b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?..... 31 Χ 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

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

b If "Yes," describe in Part II.

describe in Part II.

Schedule M (Form 990) (2014)

32a

Χ

Part II

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
SCHOOL SUPPLIES	Х		338,004.	FMV
PRESENTS	Х		333,936.	FMV
SPORTS EQUIPMENT	Х		220,370.	FMV
AUCTION ITEMS	Х		67,639.	FMV
TOTALS			959,949.	

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

20 14

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

A PRECIOUS CHILD, INC.

Employer identification number 26-3349334

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

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

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

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

THE ORGANIZATION DETERMINES EMPLOYEE COMPENSATION BY LOOKING AT MARKET

COMPARISIONS, BUDGET ALLOWANCES AND PERFORMANCE REVIEWS.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL INFORMATION AVAILABLE TO THE PUBLIC UPON REQUEST.

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

BEFORE FILING THE 990 IT IS REVIEWED BY THE EXECUTIVE DIRECTOR AND

DIRECTOR OF FINANCE & ADMINISTRATION 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 XI, LINE 9

ACCRUED DONATED PROFESSIONAL FEES: (22,898)

Name of the organization Employer identification number A PRECIOUS CHILD, INC. 26-3349334 ATTACHMENT 1 FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION GRANTS EXPENSES REVENUE PRECIOUS BOUTIQUE PROVIDES CLOTHING AND 42,937. BASIC NECESSITIES TO 1,052 FAMILIES IN NEED. BASICS 4 BABIES PROVIDES DIAPERS, WIPES, 172,569. FORMULA AND OTHER BABY ESSENTIALS TO 2,232 FAMILIES IN NEED. GIVESPORTS PROVIDES SCHOLARSHIPS AND SPORTS 268,533. EQUIPMENT TO 4,983 CHILDREN IN NEED. THE LEARNING CENTER ENSURES THAT EVERY CHILD 67,727. WHO COMES TO THE RESOURCE CENTER IS PROVIDED WITH A SAFE SPACE THAT ENCOURAGES STEM-BASED LEARNING AND COMPLEMENTS THEIR ACADEMIC STUDIES. 829 CHILDREN WERE SERVED IN 2014. TRUANCY INTERVENTION PROVIDES INCENTIVE 9,821. AWARDS TO STUDENTS WHO HAVE IMPROVED ATTENDENCE IN SCHOOL AS AN EARLY INTERVENTION INITIATIVE. 201 CHILDREN WERE SERVED IN 2014. TOTALS 561,587. ATTACHMENT 2 FORM 990, PART VIII - INVESTMENT INCOME (A) (B) (C) (D) TOTAL RELATED OR UNRELATED EXCLUDED DESCRIPTION REVENUE EXEMPT REVENUE BUSINESS REV. REVENUE INTEREST INCOME 1,594. 1,594.

Name of the organization A PRECIOUS CHILD, INC.			Employer identificatio	
FORM 990, PART VIII - INVESTMENT	I INCOME		ATTACHMENT 2	(CONT'D)
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDEI REVENUE
TOTALS	1,594		27000	1,594
FORM 990, PART VIII - EXCLUDED (CONTRIBUTIONS		ATTACHMENT 3	
DESCRIPTION	AMOUNT			
GOLF TOURNAMENT	100,100.			
HEROES LUNCHEON	196,425.			
SALA	150,585.			
OTHER FUNDRAISING	61,912.			
TOTAL	509,022.			
FORM 990, PART VIII - FUNDRAISIN	IG EVENTS		ATTACHMENT 4	
DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	5	NET INCOME
GOLF TOURNAMENT	710). 33	,718.	-33,008.
HEROES LUNCHEON		18	,272.	-18,272.
GALA	165,957	. 113	,915.	52,042.
OTHER FUNDRAISING	1,929	. 6	,756.	-4,827.
TOTALS	168,596	172 172	,661.	-4,065.
			ATTACHMENT 5	

Schedule O (Form 990 or 990-EZ) 2014	Page 2
Name of the organization	Employer identification number
A PRECIOUS CHILD, INC.	26-3349334
FORM 990, PART X - DEFERRED REVENUE	ATTACHMENT 5 (CONT'D)
DESCRIPTION	ENDING BOOK VALUE
DEFERRED REVENUE	27,250.

TOTALS

27,250.

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

 If you are 	filing for an Automatic 3-Month Extension, o	omplete o	only Part I and check th	is box			X
If you are	filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only P	art II (on page 2 of this fo	orm)	1.	, ,
	olete Part II unless you have already been gra						8.
Electronic fi	ling (e-file). You can electronically file Form	8868 if vo	u need a 3-month auto	matic extension of time	to:	file (6	months for
a corporatio	n required to file Form 990-T), or an additior	nal (not aut	tomatic) 3-month exter	ision of time. You can e	lect	ronical	Ilv file Form
8868 to req	uest an extension of time to file any of the	forms liste	ed in Part I or Part II w	ith the exception of Fo	rm 8	3870	Information
Return for 7	Transfers Associated With Certain Persona	l Benefit (Contracts, which mus	t be sent to the IRS	in p	aper f	format (see
instructions).	. For more details on the electronic filing of th	is form, vis	sit <i>www.irs.gov/efile</i> an	d click on e-file for Chari	ties	& Non	profits.
	tomatic 3-Month Extension of Time. Or						
	n required to file Form 990-T and requesting					.e	
Part I only .							▶ 🔲
All other cor	porations (including 1120-C filers), partnersh	ips, REMIC	Cs, and trusts must use	Form 7004 to request an	exte	nsion i	of time
to file incom				Enter filer's identifyin			
Tuna ar	Name of exempt organization or other filer, see in	structions.		Employer identification nu	mbe	r (EIN)	or
Type or							
print	A PRECIOUS CHILD, INC.			26-334933	4		
File by the due date for	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.	Social security number (S	3N)		
filing your	557 BURBANK STREET, UNIT E						
return. See instructions.	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.			***************************************	***************************************
matructions.	BROOMFIELD, CO 80020						
Enter the Re	eturn code for the return that this application	is for (file a	a separate application fo	or each return)			. 01
Application		Return	I Anniigation				Datum
Is For			Application				Return
	· F 000 F7	Code	Is For				Code
	Form 990-EZ	01	Form 990-T (corpora	tion)			07
Form 990-BI		02	Form 1041-A				08
Form 4720 (03		rm 4720 (other than individual)			09
Form 990-PF		04	Form 5227				10
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-1	(trust other than above)	06	Form 8870				12
Telephone If the orga If this is for the whole a list with the 1 I reque until _ for the	e No. ► 303 466-4272 anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box ►	business ir ur digit Gro f it is for pa ion is for. poration re exempt org	FAX No. the United States, che pup Exemption Number art of the group, check equired to file Form 990 ganization return for the	ck this box	pove	 If the and attended to the attende	▶ ☐ his is tach
c	ax year entered in line 1 is for less than 12 m						
	application is for Form 990-BL, 990-PF, 99	9U-1, 4720	or 6069, enter the	tentative tax, less any		_	
	undable credits. See instructions.	4700			3a	\$	0
	application is for Form 990-PF, 990-T,						
	ted tax payments made. Include any prior yea				3b	\$	0
	e due. Subtract line 3b from line 3a. Include onic Federal Tax Payment System). See instru		ent with this form, if re	quirea, by using EFTPS			
***************************************			(4)(4b, 4b) - F 0000	F 0450 FC 45	3c		0
instructions	u are going to make an electronic funds withdrawa	i (direct deb	ii) wiiii iiis rorm 8868, S	EE FUIII 6453-EU and Form	1 00/	a-EO to	or payment

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

Form 8868 (Rev. 1-2014)

Form 8868 (Re	ev. 1-2014)				Page 2
Note. Only	e filing for an Additional (Not Automatic) 3-M complete Part II if you have already been gra	nted an au	tomatic 3-month extensior	I and check this box on a previously filed Form 8868	> X
	e filing for an Automatic 3-Month Extension,	complete c	nly Part I (on page 1).		
Part II	Additional (Not Automatic) 3-Month E	xtension c	of Time. Only file the orig	ginal (no copies needed).	
			E	nter filer's identifying number, see	
	Name of exempt organization or other filer, see in	structions.		Employer identification number (E	IN) or
Type or					
print					
File by the	Number, street, and room or suite no. If a P.O. bo	a P.O. box, see instructions.		Social security number (SSN)	
due date for	557 BURBANK STREET, UNIT E				
filing your return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.		
nstructions.	BROOMFIELD, CO 80020				
Enter the R	eturn code for the return that this application	is for (file a	separate application for e	ach return)	. 01
Application		Return	Application		Return
Is For		Code	Is For		Code
Form 990	or Form 990-EZ	01			
Form 990-	BL	02	Form 1041-A		08
Form 4720	ິງ (individual)	03	Form 4720 (other than in	ndividual)	09
Form 990-I	PF	04	Form 5227		10
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
	T (trust other than above)	06	Form 8870		12
STOP! Do r	not complete Part II if you were not already	granted ar	automatic 3-month exte	nsion on a previously filed Forr	n 8868.
Telephor If the org If this is the thin the who	ks are in the care of $ ightharpoonup_{CARINA\ MARTIN,\ g}$ ne No. $ ightharpoonup_{303} 466-4272$ ganization does not have an office or place of for a Group Return, enter the organization's foule group, check this box $ ightharpoonup_{30}$. I	l business ir ur digit Gro f it is for pa	Fax No. ► n the United States, check to oup Exemption Number (GE	his box	▶☐
list with the	names and EINs of all members the extension	n is for.			
4 I requ	est an additional 3-month extension of time u	ntil		L1/15_, 20 _15	
	alendar year 2014 , or other tax year beginn			nd ending ,	20
	tax year entered in line 5 is for less than 12 m Change in accounting period	nonths, ched	ck reason: Initial re	eturn Final return	
	in detail why you need the extension ADDIT			O GATHER	
INFO	RMATION IN ORDER TO FILE A COMP	LETE ANI	O ACCURATE RETURN.		
8a If this	application is for Forms 990-BL, 990-PF, 9	90-T, 4720), or 6069, enter the ten	tative tax, less any	
nonre	fundable credits. See instructions.			8a \$	0
	s application is for Forms 990-PF, 990-T,		-	0.004.000	
estima	ated tax payments made. Include any pr	ior year c	verpayment allowed as	a credit and any	
amour	nt paid previously with Form 8868.			8b \$	0
c Balan	ce Due. Subtract line 8b from line 8a. Include	your paym	ent with this form, if requi	red, by using EFTPS	
(Elect	ronic Federal Tax Payment System). See instru			8c \$	0
	Signature and Verific	ation mu	st be completed for F	Part II only.	
Under penal knowledge a	ties of perjury, I declare that I have examined t nd belief, it is true, correct, and complete, and that I	his form, in am authoriz	cluding accompanying sched ed to prepare this form.	dules and statements, and to the	best of my
n:					
Signature 🕨			Title >	Date ▶	
				Form 8868	(Rev. 1-2014)