Return of Organization Exempt From Income Tax

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning

<i>-</i>	•	carefular year, or tank year neground					
B c	Check if opplicable	C Name of organization		D Employer identifi	cation number		
	Addres						
	Name change			85-38493	08		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r		
	Final return/	619 N CLAY AVE		248-495-			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	345,145.		
	Ameno return			H(a) Is this a group re	eturn		
	Applic tion	F Name and address of principal officer: RICHARD PETERS		for subordinates			
	pendir	9 619 N CLAY AVE, ST. LOUIS, MO 63122		H(b) Are all subordinates in			
<u> </u>	Гах-ехе	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions		
	Nebsit			H(c) Group exemption	n number		
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2020	M State of legal domicile; MO		
	art I	Summary					
_	1	Briefly describe the organization's mission or most significant activities: BIRT	HSTONE	'S CHARITAB	LE PURPOSE		
Governance		IS TO PROVIDE FINANCIAL RELIEF AND OTHER	SUPPOF	RT TO SINGLE	MOTHERS		
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.		
Ne.	3	Number of voting members of the governing body (Part VI, line 1a)		3	5		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	3		
စ္တ	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	1		
ij	6	Total number of volunteers (estimate if necessary)		6	50		
Activities &				7a	0.		
_ ⋖ 	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.		
				Prior Year	Current Year		
ø	8	Contributions and grants (Part VIII, line 1h)		734,400.	328,506.		
ğ	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,967.	16,146.		
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,290.	493.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		740,657.	345,145.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		17,616.	26,758.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ě	b	Total fundraising expenses (Part IX, column (D), line 25) 5,06	62.				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		52,510.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		70,126.			
	19	Revenue less expenses. Subtract line 18 from line 12		670,531.	230,260.		
PS			Ве	ginning of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)		967,695.	1,205,306.		
t As	21	Total liabilities (Part X, line 26)		872.	8,223.		
		Net assets or fund balances. Subtract line 21 from line 20		966,823.	1,197,083.		
	art II	Signature Block					
		lties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is		
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.			
		Olerakura at attiaan		Dete			
Sigi		Signature of officer		Date			
Her	е	LISA PETERS, TREASURER					
		Type or print name and title	Tr	Data La	DTIN		
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid		DENISE PISCIOTTA DENISE PISCIOTTA	A [0	05/15/23 self-employ			
	arer	Firm's name UHY ADVISORS MO, INC.		Firm's EIN 4	3-1305800		
use	Only	Firm's address 15 SUNNEN DRIVE, SUITE 100			A C1E 1000		
		ST. LOUIS, MO 63143-3819		Phone no. 3 1	4-615-1200		
May	/ the IF	RS discuss this return with the preparer shown above? See instructions		<u></u>	X Yes No		

	990 (2022) BIRTHSTONE CORPORATION	05-3049300	Page 4
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	BIRTHSTONE'S CHARITABLE PURPOSE IS TO PROVIDE FINANCIAL	RELIEF AND	
	OTHER SUPPORT TO SINGLE MOTHERS WHO, WHEN FACED WITH AN	UNPLANNED OR	
	UNINTENDED PREGNANCY, CHOOSE TO CARRY THEIR BABIES TO TE	ERM AND PARENT	Г
	THEM. THE BIRTHSTONE RESIDENT PROGRAM PROVIDES AN INDIVI	DUAL FAMILY	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	ıd
	revenue, if any, for each program service reported.	,,	_
4a	(Code:) (Expenses \$ 88,968 • including grants of \$) (Reve	enue \$)
	BIRTHSTONE PURCHASED ITS SECOND HOME IN MARCH 2022 IN KI		<u>vd</u> '
	ACCEPTED THEIR SECOND RESIDENT INTO THE BIRTHSTONE PROGR		.,
	2022. BIRTHSTONE NOW SERVES TWO WOMEN AND THEIR FAMILIE		JG.
	THEM HOUSING AT NO COST ALONG WITH THE SERVICES OF A RES		
	WHO IS A TRAINED LIFE COACH. A RESIDENT RECEIVES WEEKLY		
	AND OTHER SUPPORT TO HELP HER IDENTIFY AND ACHIEVE HER		
	SKILLS AND EMPLOYMENT.	SOADS FOR DIFT	<u> </u>
	SKILLS AND EMPLOIMENT.		
4b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
	/ (Locality grants of the second of the seco		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 88,968.		

85-3849308

Form 990 (2022) BIRTHSTONE CORPORATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
_	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1 37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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 foreign investments valued at \$100,000			_v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		├^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	L	lacksquare

Form 990 (2022) BIRTHSTONE CORPORATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u></u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a			
b	Enter the manuscript of the WZa moladed of line ta. Enter of in not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	46	Х	
	(gambling) winnings to prize winners?	1c	000	<u> </u>

Form 990 (2022) BIRTHSTONE CORPORATION

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

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	<u>1 </u>							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		_					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			v					
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x					
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ua							
b	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	0.5							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
-	to file Form 8282?	7c		x					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	_							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4							
11	Section 501(c)(12) organizations. Enter:								
_	Gross income from members or shareholders 11a	_							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
40-	amounts due or received from them.)	10-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a							
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-							
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
u	Note: See the instructions for additional information the organization must report on Schedule O.	100							
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								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

Form 990 (2022) BIRTHSTONE CORPORATION 85-3849308 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 5									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 3									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2	Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	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?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
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	X							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	X							
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	_X_							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			7.7						
	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37						
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
800	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	avaılal	oie						
	for public inspection. Indicate how you made these available. Check all that apply.									
40	Own website Another's website X Upon request Other (explain on Schedule O)	J E:	.:							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	inand	cial							
00	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	LISA PETERS - 248-495-5715 619 N CLAY AVE, ST. LOUIS, MO 63122									
	619 N CLAY AVE, ST. LOUIS, MO 63122									

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	than on the state of the state	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JENNIFER SHAFFER	22.00							04.056		
ASSISTANT TREASURER	05 00	Х		Х				24,856.	0.	0.
(2) RICHARD PETERS PRESIDENT	25.00	х		х				0.	0.	0
(3) LISA PETERS	25.00	Λ		^				0.	0.	0.
TREASURER	25.00	Х		х				0.	0.	0.
(4) LAWRENCE BOMMARITO	2.00	Λ		^				· ·	0.	0.
SECRETARY	2.00	Х		х				0.	0.	0.
(5) BRIAN WESTBROOK	2.00							•	•	•
DIRECTOR	2,00	Х						0.	0.	0.
-										
						_				

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Sec	ction A. Officers, Directors, Trus	tees, Key Em	<u> JIOY</u>	ees,	anc	Hiç	gnes	t C	ompensated Employee	s (continued)				
	(A)		(C) Position						(D)	(E)			(F)	
	Name and title	Average hours per		not c	heck i	more	than o		Reportable compensation	Reportable compensation	- 1		timate ount o	
		week					s both or/trus		from	from related	- 1		other	"
		(list any	ector						the	organization			oensat	
		hours for related	or dir	ee			ated		organization	(W-2/1099-MIS			om the	
		organizations	rustee	l trust		ee ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizati I relate	
		below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	13031123)				nizatio	
		line)	Indiv	Instit	Officer	Key e	High	Former						
			1											
			<u> </u>											
			<u> </u>								\Box			
1b Subtotal									24,856.		0.			0.
c Total fro	m continuation sheets to Part VI	I, Section A							0.		0.			0.
	d lines 1b and 1c)								24,856.		0.			0.
	nber of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			0
compens	ation from the organization											T	Yes	No
3 Did the or	rganization list any former officer,	director, trust	ee, k	ey e	empl	oye	e, or	hig	hest compensated empl	oyee on	ſ			
	f "Yes," complete Schedule J for s	•		•	•	•		_	·	•		3		Х
4 For any ir	ndividual listed on line 1a, is the su	ım of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from the	ne organization				
	ed organizations greater than \$150	,		•								4		<u>X</u>
* *	erson listed on line 1a receive or a	=				-			-			_		Х
	to the organization? If "Yes," com	plete Schedul	∋ <i>J f</i> o	or su	ıch r	oers	on .					5		Λ
	e this table for your five highest co	mpensated inc	depe	nder	nt cc	ontra	actor	s th	nat received more than \$	100,000 of comp	 pensat	ion fro	m	
the organ	ization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
	(A) Name and business	address	NC	ONE	S				(B) Description of s	ervices	С	(C ompen) isatior	١
			—					\dashv						
2 Total num	nber of independent contractors (in	ncluding but n	ot lir	nited	d to t	_		ted	above) who received mo	ore than				
\$100.000	of compensation from the organize	zation				()							

85-3849308

			Check if Schedule O	onta	ains a r	esponse	or note to any lin	e in this Part VIII			
						•	•	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									iunction revenue	business revenue	sections 512 - 514
សស	1	a	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b					
2 8			Fundraising events			1c					
ifts Ir A			Related organizations			1d					
a,s			Government grants (contri			1e					
Sig			All other contributions, gifts,								
her in			similar amounts not included			1f	328,506.				
Ę		g	Noncash contributions included in			1g \$	2,359.				
Sor		_	-		_			328,506.			
							Business Code				
a l	2	2 a									
Program Service Revenue	_	b									
Ser		c									
E S		d									
Pg		e									
Pro			All other program service	reve	nue						
		a a	Total. Add lines 2a-2f								
	3		Investment income (includ								
	_						16,146.			16,146.	
	4	Ļ	Income from investment of					,			•
	5		Royalties		-						
			···- /			Real	(ii) Personal				
	6	a	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)		•						
	7		Gross amount from sales of			ecurities	(ii) Other				
	-	_	assets other than inventory	7a	F		,				
		b	Less: cost or other basis								
ē			and sales expenses	7b							
her Revenue		С	Gain or (loss)	7c							
Şe.			Net gain or (loss)		•		•				
e	8		Gross income from fundraising								
oth			including \$	-							
			contributions reported on	line	1c). Se	e					
			Part IV, line 18		•	8a					
		b	Less: direct expenses								
		С	Net income or (loss) from	fund	raising	events					
	9		Gross income from gamin								
			Part IV, line 19			9a					
		b	Less: direct expenses								
		С	Net income or (loss) from	gam	ing act	ivities					
	10) a	Gross sales of inventory, I	ess ı	returns						
			and allowances			10	а				
		b	Less: cost of goods sold			101	o				
		С	Net income or (loss) from	sales	s of inv	entory .					
,							Business Code				
oni e	11	а	MISCELLANEOUS	R.	EVE1	IUE_	900099	493.			493.
Miscellaneous Revenue		b									
Sell		С									
Misc		d	All other revenue								
_		е	Total. Add lines 11a-11d					493.			
	12	2	Total revenue. See instruction	ns				345,145.	0.	0.	16,639.

Part IX | Statement of Functional Expenses

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

0001	Chock if Schoolule O contains a reconne			· · · · · ·	
	Check if Schedule O contains a respons	(A)	(B) I	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	24,856.	24,856.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,902.	1,902.		
11	Fees for services (nonemployees):	1,502.	1,3020		
	` ' ' ' '				
a	Management				
	•	6,355.		6,355.	
_	Accounting	0,333.		0,333.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	204		204	
12	Advertising and promotion	394.	2.2	394.	
13	Office expenses	6,926.	89.	1,775.	5,062.
14	Information technology				
15	Royalties				
16	Occupancy	32,908.	32,908.		
17	Travel	186.		186.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,165.	15,165.		
23	Insurance	2,327.	2,327.		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
	amount, list line 24e expenses on Schedule 0.)				
а	CONTACT SERVICES	18,355.	6,667.	11,688.	
b	VERIZON WIRELESS	1,789.	1,789.	,	
c	EDUCATION & TRAINING	1,750.	1,750.		
d	RESIDENT EXPENSE	1,515.	1,515.		
-	All other expenses	457.	_,=====	457.	
25	Total functional expenses. Add lines 1 through 24e	114,885.	88,968.	20,855.	5,062.
26	Joint costs. Complete this line only if the organization	,	33,333.	20,000.	3,002.
20	reported in column (B) joint costs from a combined				
	1 1 1				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
00000	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022)
Z.3ZU1(1 1/-10-//				

Form 990 (2022)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			16,449.	1	624,525.
	2	Savings and temporary cash investments			162,066.	2	69,158.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		1,894.	4	0.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		·		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe				6	
Ø	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use				8	
¥	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	533,773. 22,150.			
	b	Less: accumulated depreciation	250,789.	10c	511,623.		
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		536,497.	15	0.	
	16	Total assets. Add lines 1 through 15 (must ed			967,695.	16	1,205,306.
	17	Accounts payable and accrued expenses		772.	17	7,191.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
ia;		controlled entity or family member of any of th				22	
_	23	Secured mortgages and notes payable to unre			100.	23	1,032.
	24	Unsecured notes and loans payable to unrelat			100.	24	1,034.
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on line of Schedule D				0.5	
	26	Total liabilities. Add lines 17 through 25			872.	25 26	8,223.
	20	Organizations that follow FASB ASC 958, ch	nock horo	X	072.	20	0,223.
Se		and complete lines 27, 28, 32, and 33.	ieck fiele				
Š	27				966,823.	27	1,197,083.
3ale	28				200,0201	28	
Ē		Organizations that do not follow FASB ASC					
Ξ		and complete lines 29 through 33.					
þ	29	Capital stock or trust principal, or current fund	s			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				966,823.	32	1,197,083.
~	33	Total liabilities and net assets/fund balances			967,695.	33	1,205,306.
	•				•		200

Form **990** (2022)

Pai	TXI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	34	5,1	<u>45.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	4,8	<u>85.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	23	0,2	60.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,19	7,0	83.		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
		<u></u>	Form	990	(2022)		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BIRTHSTONE CORPORATION

Employer identification number

85-3849308

Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found						
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).	
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	•					•
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit describe	ed in
-		section 170(b)(1)(A)(iv). (C		,		, 5		
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	-					public described in
-		section 170(b)(1)(A)(vi). (C	•		J		g (
8				(1)(A)(vi). (Complete Part	· II)			
9	H	☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college						
Ū	ш	or university or a non-land-g				-	-	•
		university:	grant conege or agrici	untare (see mistractions).	Littor tilo i	iarric, city	, and state of the college	, OI
10		An organization that norma	Illy receives (1) more:	than 33 1/3% of its sunn	ort from co	ontribution	ne membershin fees an	d aross receipts from
10	ш	activities related to its exen						
		income and unrelated busin		·				-
		See section 509(a)(2). (Con		(less section of reak) no	iii busiiles	sses acqui	red by the organization a	aitei dulle do, 1973.
11		An organization organized a	•	valy to tost for public sat	inty Son (coction 50	00(2)(4)	
12		An organization organized a	•		•			nurnoses of one or
12	ш	more publicly supported or	•	•	•		•	• •
		lines 12a through 12d that	-					SHOOK THE BOX OH
•		Type I. A supporting orga					, ,	aivina
а	· L	the supported organization	•	•		-		
		organization. You must o			majority o	i tile dilec	iors or trustees or the st	аррогинд
b		Type II. A supporting org			ion with ite	cupporto	nd organization(s), by bay	/ina
,	,	control or management o	•					-
		-			ine persoi	iis iiiai co	ntroi or manage the supp	ported
_	. —	organization(s). You mus Type III functionally inte			in connoct	ion with	and functionally intograte	od with
C	, L	its supported organization	-				• •	ou with,
		¬ ''		·				zation(a)
C	'						· · · · · · · · · · · · · · · · · · ·	
		that is not functionally int	· ·	• ,	•		•	veriess
_		requirement (see instructi	•	-				
е	,	Check this box if the orga					rype i, rype ii, rype iii	
	Enta	functionally integrated, or er the number of supported or	• .	nany integrated supporting	ig organiza	ation.		
f		vide the following information	•	d organization(a)				
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
		organization	()	(described on lines 1-10	Yes	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	103	140		
_								
Tota	al							

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			300,650.	36,700.	328,506.	665,856.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			300,650.	36,700.	328,506.	665,856.
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)						
6	Public support. Subtract line 5 from line 4.						665,856.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4			300,650.	36,700.	328,506.	665,856.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			1.	4,967.	16,146.	21,114.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				1,290.	493.	1,783.
11	Total support. Add lines 7 through 10						688,753.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
	tion C. Computation of Publi						06.60
	Public support percentage for 2022 (I					14	96.68 %
	Public support percentage from 2021					15	98.18 %
16a	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies						
D	33 1/3% support test - 2021. If the condition have						
17-	and stop here. The organization qual						
174	10% -facts-and-circumstances test	_					
	and if the organization meets the facts- meets the facts-and-circumstances te			=		_	
h	10% -facts-and-circumstances test	•	•			72 and line 15 is 1	
b	more, and if the organization meets the	_					1070 UI
	organization meets the facts-and-circu				-		
12	Private foundation. If the organization				•		
10	i iivate iounuation. Ii the organizatio	in alla not oneok a l		u, 100, 11a, 01 110	, or icon triis bux al	ia see instructions	<u> </u>

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

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

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.)						
		(-) 0040	(1-) 0040	(-) 0000	(-1) 0004	T (-) 0000	(0 T-1-1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest,						
108	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	•						
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2021		-			16	%
<u>Se</u>	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2022. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition	
k	33 1/3% support tests - 2021. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

Par	t IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.2		
·		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
		71 11 0 0		Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2		ne organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sec	super tion (vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
		5. Type it capporating organizations		V	NI -
_	14/			Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
202	the su	upported organization(s). D. All Type III Supporting Organizations	1		
366	LIOII L	5. All Type III Supporting Organizations			
				Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	,	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Щ	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	Ш	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2 b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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

Schedule A (Form 990) 2022

instructions).

	t V Type III Non-Functionally Integrated 509		nizations (continu	10d)	3 3043300 Page 1
	ion D - Distributions	(u)(o) oupporting orga	COMMIT	ieu)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnoses		1	Ourrent real
_ <u>-</u>	Amounts paid to perform activity that directly furthers exemp			•	
_	organizations, in excess of income from activity	or purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , ,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
T CIT TT	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	
_	
-	
-	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

BIRTHSTONE CORPORATION

Employer identification number 85-3849308

Pai	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
_	impermissible private benefit?		Yes No
Pai	TII Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreati	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included in (c) acquired af		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it l		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	3	
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, 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 furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		•
2	If the organization received or held works of art, historical treat	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Simila	r Assets	(continued))
3	Using the organization's acquisition, accession	n, and other records	s, check	any of the f	ollowing that	t make si	gnificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how th	ey further th	ne organizatio	on's exen	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, his	storical treas	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma	intained as part of th	ne organ	ization's co	llection?				Yes	No
Par	t IV Escrow and Custodial Arrang								ine 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for o	ontributions	s or other ass	sets not i	ncluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo								Yes	No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four year	s back
1a	Beginning of year balance									
	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	, column (a)) held as:					
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment	%	_							
С	Term endowment	<u></u>								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organiza	tion tha	are held ar	nd administer	ed for th	е			
	organization by:								Yes	No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizate	ions listed as requir	ed on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Par	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	I "Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulat	ed	(d) Book val	ue
		basis (investn	nent)	basis	(other)	de _l	oreciation	1		
1a	Land									
	Buildings				3,995.		21,5		492,4	127.
	Leasehold improvements			1	9,778.		5	82.	19,1	L96.
d	Equipment									
е	Other									
	. Add lines 1a through 1e. (Column (d) must ed		X colum	n (B) line 1	0c)				511,6	523 .

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1) Financial derivatives	(-7	(-)	,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.	F 000 B+ IV I'	44 446. O Farma 200. Bank V. Para 25	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		

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

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

BIRTHSTONE CORPORATION

Employer identification number 85 – 38/19308

BIRTHSTONE CORPORATION	85-3849308
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
WHO, WHEN FACED WITH AN UNPLANNED OR UNINTENDED PREGNANCY,	CHOOSE TO
CARRY THEIR BABIES TO TERM AND PARENT THEM, THROUGH THE BI	RTHSTONE
RESIDENT PROGRAM.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
HOME, PERSONALIZED LIFE COACHING AND OTHER SUPPORT FOR EAC	H RESIDENT.
FORM 990, PART VI, SECTION A, LINE 2:	
BIRTHSTONE PRESIDENT, RICHARD PETERS, IS MARRIED TO BIRTHS	TONE TREASURER,
LISA PETERS.	
FORM 990, PART VI, SECTION A, LINE 7A:	
FORM 990, PART VI, SECTION A, LINE 7A: UNDER ARTICLE IV OF THE BIRTHSTONE CORPORATION BY LAWS, TH	E INITIAL MEMBERS
UNDER ARTICLE IV OF THE BIRTHSTONE CORPORATION BY LAWS, TH	
UNDER ARTICLE IV OF THE BIRTHSTONE CORPORATION BY LAWS, THE	
UNDER ARTICLE IV OF THE BIRTHSTONE CORPORATION BY LAWS, THE	
UNDER ARTICLE IV OF THE BIRTHSTONE CORPORATION BY LAWS, THE HAVE THE AUTHORITY TO ELECT OR APPOINT INDIVIDUALS TO THE DIRECTORS.	BOARD OF
UNDER ARTICLE IV OF THE BIRTHSTONE CORPORATION BY LAWS, THE HAVE THE AUTHORITY TO ELECT OR APPOINT INDIVIDUALS TO THE DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11B:	BOARD OF
UNDER ARTICLE IV OF THE BIRTHSTONE CORPORATION BY LAWS, THE HAVE THE AUTHORITY TO ELECT OR APPOINT INDIVIDUALS TO THE DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11B: BIRTHSTONE'S OFFICERS AND DIRECTORS WERE PROVIDED WITH A C	BOARD OF COPY OF THIS FORM
UNDER ARTICLE IV OF THE BIRTHSTONE CORPORATION BY LAWS, THE HAVE THE AUTHORITY TO ELECT OR APPOINT INDIVIDUALS TO THE DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11B: BIRTHSTONE'S OFFICERS AND DIRECTORS WERE PROVIDED WITH A CORPORATION OF THE PROVIDED BY EXAMPLE OF THE PROVIDED BY EXAMPL	BOARD OF COPY OF THIS FORM
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UNDER ARTICLE IV OF THE BIRTHSTONE CORPORATION BY LAWS, THE HAVE THE AUTHORITY TO ELECT OR APPOINT INDIVIDUALS TO THE DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11B: BIRTHSTONE'S OFFICERS AND DIRECTORS WERE PROVIDED WITH A CORPOR OF SECTION BY EACH MEMBER INDIVIDUAL, AND WAS REVIEWED AND APPROVED BY EACH MEMBER	BOARD OF COPY OF THIS FORM CMAIL TO EACH OF THE BOARD.

INTEREST POLICY WHICH WAS REVIEWED AND APPROVED BY ITS BOARD OF DIRECTORS

2020, THE BOARD RESOLVED THAT THE

Schedule O (Form 990) 2022

ON OCTOBER 27, 2020. ON NOVEMBER 17,

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

Schedule O (Form 990) 2022 Page **2**

Name of the organization BIRTHSTONE CORPORATION	Employer identification number 85-3849308
POLICY WOULD BE REVIEWED AT ITS ANNUAL MEETING, AND THAT I	NDIVIDUAL
OFFICERS AND DIRECTORS WOULD BE REQUIRED TO CONFIRM THEIR	COMPLIANCE WITH
THE POLICY ON AN ANNUAL BASIS.	
FORM 990, PART VI, SECTION C, LINE 19:	
BIRTHSTONE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POL	ICY AND FINANCIAL
STATEMENTS WERE AVAILABLE FOR PUBLIC REVIEW AT ITS PLACE O	F BUSINESS.
FORM 990, PART VI, SECTION A, LINE 9:	
DIRECTOR BRIAN WESTBROOK, COALITION FOR LIFE ST. LOUIS, 11	780 BORMAN DR
#128, ST. LOUIS, MO 63146	
DIRECTOR/SECRETARY LAWRENCE BOMMARITO, 325 W. ARGONNE, ST.	LOUIS, MO
63122	
DIRECTOR/ASSISTANT TREASURER JENNIFER SHAFFER, 668 E. ARGO	NNE, ST.
LOUIS, MO 63122	