Form	990
Form	330

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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



Α	For the	e 2021 calendar year, or tax year beginning and	ending				
В	Check if applicabl	C Name of organization D Employer identification number					
	Addre chang						
	Name chang			85-38493	08		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final return			248-495-	5715		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,455,857.		
	Amen return	ST. LOUIS, MO 03122		H(a) Is this a group re			
	Applic tion pendi	F Name and address of principal officer: KICHARD FEIERS		for subordinates	? Yes 🗶 No		
		OIS N CLAY AVE, ST. LOUIS, MO 03122		H(b) Are all subordinates in	cluded? Yes No		
		empt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1) c$ $X = 2727$	or 527	1 '	list. See instructions		
		te: BIRTHSTONESTL.ORG		H(c) Group exemption			
	Form of art I	rorganization: X Corporation Trust Association Other ►	L Year	of formation: 2020 N	State of legal domicile: MO		
		Briefly describe the organization's mission or most significant activities: BIRTH	JOUUNE				
e	1	IS TO PROVIDE FINANCIAL RELIEF AND OTHER					
Activities & Governance	2	Check this box F if the organization discontinued its operations or disposed					
veri	3	5		3	5		
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			3		
80 00	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			1		
itie	6	Total number of volunteers (estimate if necessary)			60		
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
A	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
۵ ۵	8	Contributions and grants (Part VIII, line 1h)		300,650.	734,400.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	4,967.		
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	1,290.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		300,650.	740,657.		
	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.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	17,616.		
sus	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	4 250			
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,359.	52,510.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>4,359</u> . 296,291.	<u>70,126.</u> 670,531.		
or		Revenue less expenses. Subtract line 18 from line 12		,			
its o	20	Tatal assate (Part V, line 16)		ginning of Current Year 298 , 437 •	<u>End of Year</u> 967,695.		
Asse	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		2,145.	872.		
Net Assets	21	Net assets or fund balances. Subtract line 21 from line 20		296,292.	966,823.		
	art II	Signature Block		270,272.	500,025.		

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

Sign	Signature of officer		Date				
Here	LISA PETERS, TREASURER						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	DENISE PISCIOTTA	DENISE PISCIOTTA	05/12/22	if self-employed	P0056043	5	
Preparer	Firm's name UHY ADVISORS MO ,	INC.	Firm's	s EIN ▶ 43 ·	-1305800		
Use Only	Firm's address 15 SUNNEN DRIVE,	SUITE 100					
	ST. LOUIS, MO 63	143-3819	Phone	e no. 314-0	615-1200		
May the I	May the IRS discuss this return with the preparer shown above? See instructions X Yes No						
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1 990 (2021) BIRTHSTONE CORPORATION	85-3849308	Page 2
Pa	rt 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 T	ERM AND PARENT	1
	THEM. THE BIRTHSTONE RESIDENT PROGRAM PROVIDES AN INDIV		
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	XNo
	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'		XNo
5	If "Yes," describe these changes on Schedule O.	, Ies	
4	· · · · · · · · · · · · · · · · · · ·	a maaaurad by aynanaaa	
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, and	d
	revenue, if any, for each program service reported.		0
4a	(Code:) (Expenses \$64,277. including grants of \$0.) (Rev		0.)
	BIRTHSTONE PURCHASED IT FIRST HOME ON FEBRUARY 25, 2021	•	
	MO AND ACCEPTED THEIR FIRST RESIDENT INTO THE BIRTHSTON		
	AUGUST. BIRTHSTONE PROVIDES THE RESIDENCE AT NO COST A		
	SERVICES OF A RESIDENT ADVOCATE WHO IS A TRAINED LIFE CO	DACH. A	
	RESIDENT RECEIVES WEEKLY LIFE COACHING AND OTHER SUPPOR	I TO HELP HER	
	IDENTIFY AND ACHIEVE HER GOALS FOR LIFE SKILLS AND EMPLO	OYMENT.	
4b	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
4c)
40	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
4d	Other program services (Describe on Schedule O.)		
Ψu		١	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 64,277.)	
4e	Total program service expenses 64 , 277.	Q(0 (2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
6	similar amounts as defined in Rev. Proc. 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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			- 23
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		- 21
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	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		х
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, VII, 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	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		<u>14a</u>		<u> </u>
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	45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>''</u>		_ <u></u>
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes " complete Schedule I, Parts I and II	21		х

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			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 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 X	
	5 71 1 71 1 1	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			
25a	25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		X X	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X 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			v	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v	
	"Yes," complete Schedule L, Part IV			X X	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b			
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	000		x	
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	X		
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	23		
30		30		x	
31	contributions? <i>If</i> "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N, Part I	31		X	
32	Did the organization required, errinnate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "yes," complete</i>	51		- 23	
52		32		x	
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>	
•.	Part V, line 1	34		x	
35a	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				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
	If "Yes," complete Schedule R, Part V, line 2	36		x	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI				x	
38					
Note: All Form 990 filers are required to complete Schedule O		38	Х		
Pa					
	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0				
~	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					0
					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	2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	s				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices prov	ided to the payor?	7a		Х
				7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?	•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	•	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	-		17		
	If "Yes." complete Form 6069.					

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, 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

	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	1 a	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3			
2	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	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?					X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		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 ap	point	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, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by th	e 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 read	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9	Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue	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 cha	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befoi	e filing the form?	11a	Х	
b	Describe on 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			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," a	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	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	nd 990	-T (section 501(c)(3)	s only) :	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	of interest policy, and	l financ	cial	
	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 boo LISA PETERS - $248-495-5715$	ks an	d records			
	619 N CLAY AVE, ST. LOUIS, MO 63122					

Form 990 (2021) BIRTHSTONE CORPORATION	85-3849308	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending	ر with or within the organization	s tax year.
● List a	Il of the organization's current officers, directors, trustees (whether individuals or organizations), re	gardless of amount of compens	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position		Reportable	Reportable	Estimated				
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	id a d	irecto	r/trus [.]	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	suadi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		n ploye	t com	~	1099-NEC)		and related organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	ey en	Highest compensated employee	Former			organizations
(1) JENNIFER SHAFFER	22.00			0	×	<u> </u>	ш			
SECRETARY		х		x				16,346.	0.	0.
(2) RICHARD PETERS	25.00							, i		
PRESIDENT		х		х				0.	0.	0.
(3) LISA PETERS	25.00									
TREASURER		Х		Х				0.	0.	0.
(4) LAWRENCE BOMMARITO	2.00									
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(5) BRIAN WESTBROOK	2.00									
DIRECTOR		Х						0.	0.	0.
		•								
		1								
		1								
		1								

Form 990 (2021) BIRTHSTO	NE CORPO	ORA	TI	ON					85-38	493	308	Pa	age 8
Part VII Section A. Officers, Directors, Tru		ploy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C Pos				(D)	(E)		_	(F)	
Name and title	Average hours per		not c	heck	more	' than c s both		Reportable compensation	Reportable compensation	<u> </u>		timate nount (
	week					r/trust		from	from related			other	01
	(list any	ector						the	organizations	I		pensa	
	hours for related	e or dir	ee			sated		organization	(W-2/1099-MIS	C/		om the	
	organizations	trustee	al trust		/ee	mpens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizati d relati	
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner				orga	anizatio	ons
	line)	Indiv	Insti	Officer	Key e	High emp	Former						
		_											
										\rightarrow			
		-											
										\rightarrow			
		-											
										\rightarrow			
										-			
										\rightarrow			
		-											
										\rightarrow			
		-											
1b Subtotal								16,346.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								16,346.		0.			0.
2 Total number of individuals (including but							o re	eceived more than \$100,	000 of reportable				
compensation from the organization													0
												Yes	No
3 Did the organization list any former office			-		•			, , ,					
line 1a? If "Yes," complete Schedule J for											3		Х
4 For any individual listed on line 1a, is the s													х
and related organizations greater than \$155 Did any person listed on line 1a receive or											4		
rendered to the organization? <i>If "Yes," col</i>										- 1	5		х
Section B. Independent Contractors			01 31		50/30	<u> </u>				····		1	
1 Complete this table for your five highest c	ompensated inc	lepe	nder	nt co	ontra	actor	s tł	hat received more than \$	100,000 of comp	ensat	ion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wit	hin	the organization's tax y	ear.				
(A)				_				(B)			(C		
Name and busines	s address	N	ONE	C				Description of s	ervices	C	omper	nsatio	n
							_						
2 Total number of independent contractors \$100.000 of compensation from the organ	u u	ot lir	niteo	to to	thos C		ted	above) who received mo	bre than				
a rou.ooo of compensation from the order	izaliuri 🏲				- U	,							

		(2021) BIRTHSTONE CO	RPORATION	1		85-3849	308 Page 9
Ра	rt VI	II Statement of Revenue Check if Schedule O contains a response	or poto to any ling	in this Dart VIII			
		Check il Schedule O contains a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f f	Related organizations 1d	734,400. 722,975. ▶	734,400.			
Program Service Revenue	2 a b c d f						
	3 4 5 6 a b c	Less: rental expenses 6b Bental income or (loss) 6c	proceeds	4,967.			4,967.
Other Revenue	7a b c	 Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising events (not 	(ii) Other	0.			
Othe	b 9 a 5 10 a b	including \$ of contributions reported on line 1c). See Part IV, line 18 Band Less: direct expenses Band Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 9a Less: direct expenses 9b					
Miscellaneous Revenue	11 a b c d	MISCELLANEOUS REVENUE	Business Code 9999999	1,290.			1,290.
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instructions		<u>1,290.</u> 740,657.	0.	0.	6,257.

Form 990 (2021)

BIRTHSTONE CORPORATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX

0000	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	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	16,346.	16,346.		
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	4 4 5 4			
10	Payroll taxes	1,270.	1,270.		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
	Lobbying				
е	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.)				
12	Advertising and promotion	389.		389.	
13	Office expenses	505.		505.	
14	Information technology				
15 16	Royalties	33,593.	33,593.		
16 17		29.		29.	
17 10	Travel Payments of travel or entertainment expenses	27.		2.5.	
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	··· ·				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,985.	6,985.		
23	Insurance	1,111.	1,111.		
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	EDUCATION & TRAINING	4,101.	4,101.		
b	OTHER BUSINESS EXPENSE	3,372.	125.	3,247.	
с	CONTACT SERVICES	1,758.		1,758.	
d	BANK SERVICE CHARGES	472.	60.	412.	
е	All other expenses	700.	686.	14.	
25	Total functional expenses. Add lines 1 through 24e	70,126.	64,277.	5,849.	0.
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)				
					Farm 990 (0001

BIRTHSTONE	CORPORATION

		Check if Schedule O contains a response or n	ote to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			7,286.	1	16,449.
	2	Savings and temporary cash investments			291,151.	2	162,066.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			0.	4	1,894.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	iese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	tion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	257,774.			
	b	Less: accumulated depreciation		6,985.	0.	10c	250,789.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	536,497.
	16	Total assets. Add lines 1 through 15 (must ed			298,437.	16	967,695.
	17	Accounts payable and accrued expenses			2,145.	17	772.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
S	22	Loans and other payables to any current or fo	rmer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	ostantial c	ontributor, or 35%			
abi		controlled entity or family member of any of th	iese perso	ons		22	
	23	Secured mortgages and notes payable to unre	elated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third p	parties	0.	24	100.
	25	Other liabilities (including federal income tax,)	payables t	to related third			
		parties, and other liabilities not included on lin	es 17-24).	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			2,145.	26	872.
		Organizations that follow FASB ASC 958, cl	heck here	e ▶ X			
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			296,292.	27	966,823.
Ba	28	Net assets with donor restrictions		<u></u> L		28	
pur		Organizations that do not follow FASB ASC	958, che	ck here 🕨 📃			
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current func				29	
set	30	Paid-in or capital surplus, or land, building, or	equipmer	nt fund		30	
t As	31	Retained earnings, endowment, accumulated				31	
Nei	32	Total net assets or fund balances		L	296,292.	32	966,823.
	33	Total liabilities and net assets/fund balances			298,437.	33	967,695.

967,695. Form **990** (2021)

Part X | Balance Sheet

	000	0001
FOUL	990	(2021)

	990 (2021) BIRTHSTONE CORPORATION	85-38	349308	Pag	_{ge} 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	740		
2	Total expenses (must equal Part IX, column (A), line 25)	2),12	
3	Revenue less expenses. Subtract line 2 from line 1	3	670		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	296	5,29	92.
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	966	5,82	23.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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	Ο.			
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?		2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	e 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 Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

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

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name	ne of the organization Employer identification number							
		HSTONE COR						5-3849308
Part	I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The org	ganization is not a private found	lation because it is: (l	For lines 1 through 12, c	heck only	one box.)			
1 🗋	A church, convention of ch	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2 _	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3 _	A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).		
4	A medical research organiz	ation operated in co	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		lege or university owned	d or operat	ed by a go	vernmental u	nit describe	ed in
_	section 170(b)(1)(A)(iv). (0							
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 Σ	•	•	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general p	public described in
_	section 170(b)(1)(A)(vi). (C							
8 _	A community trust describe			-				
9 🗌	An agricultural research org	-			-		-	-
	or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
40 [–]	university:	11						1
10 🗌	An organization that norma							
	activities related to its exer		-					-
	income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the org	janization a	πer June 30, 1975.
44 [See section 509(a)(2). (Co	• •	volute test for public co	fativ Caa	oootion E(O(a)(4)		
11 ∟ 12 □	An organization organized	•		•			way out the	nurnanan of ana ar
	An organization organized more publicly supported or	-	-	-			•	
	lines 12a through 12d that	-						
а	Type I. A supporting orga	•••					-	nivina
u	the supported organization	-	-	•	-			
	organization. You must			i majonty c				ipporting
b	Type II. A supporting org	-		tion with its	s sunnorte	d organizatio	n(s) by hay	ina
~	control or management of	-				-		-
	organization(s). You mus			ante peree			90o oo.pr	
с	Type III functionally inte	-		in connect	tion with. a	and functional	lv integrate	d with.
	its supported organizatio						.,	,
d			•			-	ted organiz	ation(s)
	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness							
	requirement (see instruct			•		-		
е	Check this box if the org	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally integrated, o	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f E	Enter the number of supported of	organizations						
g F	Provide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	anization listed ng document?	(v) Amount of		(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Total						1		

Schedule	A (Form 990) 202 ⁻
Part II	Support Sc

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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	0.	0.	0.	300,650.	36,700.	337,350.	
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.	337,350.	
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.						337,350.	
	ection B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4				300,650.	36,700.	337,350.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources				1.	4,967.	4,968.	
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.	1,290.	
11	Total support. Add lines 7 through 10						343,608.	
12	Gross receipts from related activities,	etc. (see instructio	ins)			12		
13	First 5 years. If the Form 990 is for th	e organization's fir				01(c)(3)		
	organization, check this box and stop	here						
Se	ction C. Computation of Public	c Support Per	centage					
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	98.18 %	
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%	
16 a	33 1/3% support test - 2021. If the c	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	k and	
	stop here. The organization qualifies						N	
k	33 1/3% support test - 2020. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box	
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion				
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,	
	and if the organization meets the facts							
	meets the facts-and-circumstances te			-	-	-		
k	0 10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th	e facts-and-circum	istances test, cheo	k this box and st	op here. Explain i	n Part VI how the		
	organization meets the facts-and-circu						▶□	
18	Private foundation. If the organizatio		•		• •		s ►	

Schedule A (Form 990) 2021

Schedule A	Form	990	202

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	<u></u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
k	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.)						
	ction B. Total Support		•		•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, 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						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		 		 	01(-)(0)	··
14	First 5 years. If the Form 990 is for the	-					
Se	check this box and stop here ction C. Computation of Publi	ic Support Per					
	Public support percentage for 2021 (I		¥	column (f))		15	%
	Public support percentage from 2020		-			16	%
	ction D. Computation of Inves						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the					· · · ·	
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

1

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

	Schedule A (Form 990) 2021	BIRTHSTONE	CORPORATION
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Part IV Supporting Organizations (continued)

2

1

Yes No

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Port VI have an indication of the aminal and the assumed and the assumed and an indication (a) that are under d	

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

		organization.
Section C. Type II S	Supporting Orga	inizations

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

Section D.	. All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>far (</i> eee

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

с		The organization supported a g	governmental entity.	Describe in Part VI how	vou supported a governmenta	l entitv (see instructions).
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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

	J J J J J J J J J J J J J J J J J J J	<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust or	n Nov. 20, 1970 (<i>explain i</i>	n Par
	All other Type III non-functionally integrated supporting organizations mus	t complet	e Sections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	
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		
ect	tion B - Minimum Asset Amount		(A) Prior Year	
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1 a		
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,			
		1		

see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 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 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to 6

6

emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

(B) Current Year (optional)

(B) Current Year (optional)

Schedule A (Form 990) 2021 BIRTHSTONE CORPORATION

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

t VI). See instructions.

	BIRTHSTONE CORPORATION
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Sche	dule A (Form 990) 2021 BIRTHSTONE CO			8	5-3849308	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)		
Secti	on D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	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 (<i>describe in Part VI</i>). 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 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	IS	(iii) Distributab Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 BIRTHSTONE CORPORATION	85-3849308 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any (See instructions.)	, lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V,

SCHEDULE D)
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(Form 990)	
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Part I

1

2 3

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С

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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.



Internal Revenue Service

Attach to Form 990. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number BIRTHSTONE CORPORATION 85-3849308 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No 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 conferring impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No 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. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance s	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:	
	(i) Revenue included on Form 999, Part VIII, line 1	•

			Ψ.	
	(ii) Assets included in Form 990, Part X		\$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovid	е	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$	
		•	<u> </u>	

b	Assets ir	ncluded	in Fo	orm 99	90, I	Par	tΧ	
			_		-		-	-

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

Schedule D (Form 990) 2021

Sche		ONE CORPOR						85-38			_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	r Othe	r Simila	r Assets	i (contir	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	following that	make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 I	_oan or exc	hange progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	n's exer	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran), Part IV,	line 9, or		
	reported an amount on Form 990, Pa			U U							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	ontribution	s or other ass	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		·	0						Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on F						lity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	n has been	provided on I	Part XIII					
Par	t V Endowment Funds. Complete i	if the organization ar	nswered '	'Yes" on Fo	orm 990, Part	IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	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 curr	rent year end balanc	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment	-	%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administer	ed for th	ne organiz	ation			
	by:								ĺ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV,	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		.,	t or other (other)	• • •	ccumulate preciation		(d) Boo	k valu	e
1a	Land										
	Buildings			25	2,474.		6,8				88.
	Leasehold improvements				5,300.			99.	!	5,2	01.
d	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. colum	n (B), line 1	0c.)				25),7	89.

Schedule D (Form 990) 2021

	(Form 990) 2021 BIRTHSTONE	CORPORATION		85-3849308 Page
	Investments - Other Securities.	an Farma 000 Dart IV/ line		
	Complete if the organization answered "Yes"	(b) Book value		
	ion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
	I derivatives			
	neld equity interests			
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
) 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	r end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal . (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	Other Assets.			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
	NSKE CORP PROMISSORY NO	TE		536,400
(2) SE(CURITY DEPOSITS			97
(3)				
(3) (4)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)				536 407
(3) (4) (5) (6) (7) (8) (9) Fotal. (Colum	nn (b) must equal Form 990, Part X, col. (B) line	e 15.)		▶ 536,497
(3) (4) (5) (6) (7) (8) (9) Cotal. (Colum Part X	Other Liabilities.			
(3) (4) (5) (6) (7) (8) (9) ⁷ otal. (<i>Colur</i>) Part X	Other Liabilities. Complete if the organization answered "Yes"			e 25.
(3) (4) (5) (6) (7) (8) (9) Fotal. (Colum Part X	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			
(3) (4) (5) (6) (7) (8) (9) Fotal. (Colum Part X	Other Liabilities. Complete if the organization answered "Yes"			e 25.

(4) (5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. 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

Sche	dule D (Form 990) 2021 BIRTHSTONE CORPORATION		85-3849308 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		
Pa	t XII Reconciliation of Expenses per Audited Financial St	•	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

2021
Open to Public

Employer identification number

85-3849308

Name of the	e organization
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BIRTHSTONE CORPORATION

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	ıts	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	715,200.				
10	Securities - Closely held stock			,				
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (<u>NEW ROOF</u>)	Х	1	5,300.				
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz		•					
	for which the organization completed Form 8283, Part V, Donee Acknowledgement 29							
					ſ	Yes	<u>No</u>	
30a	During the year, did the organization receive by		• • • • •					
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	ed for		37	
	exempt purposes for the entire holding period?					30a	X	
	If "Yes," describe the arrangement in Part II.	- 12	an dua a tha 🔅				v	
						31	<u> </u>	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a	X	
	If "Yes," describe in Part II.	1			lund			
33	If the organization didn't report an amount in co	piumn (c) foi	r a type of property	ror which column (a) is chec	kea,			
	describe in Part II.							

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

SCHEDULE O (Form 990)

Name of the organization

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



BIRTHSTONE CORPORATION

85-3849308

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WHO, WHEN FACED WITH AN UNPLANNED OR UNINTENDED PREGNANCY, CHOOSE TO

CARRY THEIR BABIES TO TERM AND PARENT THEM, THROUGH THE BIRTHSTONE

RESIDENT PROGRAM.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOME, PERSONALIZED LIFE COACHING AND OTHER SUPPORT FOR EACH RESIDENT.

FORM 990, PART VI, SECTION A, LINE 2:

BIRTHSTONE PRESIDENT, RICHARD PETERS, IS MARRIED TO BIRTHSTONE TREASURER,

LISA PETERS.

FORM 990, PART VI, SECTION A, LINE 7A:

UNDER ARTICLE IV OF THE BIRTHSTONE CORPORATION BY LAWS, THE INITIAL MEMBERS

HAVE THE AUTHORITY TO ELECT OR APPOINT INDIVIDUALS TO THE BOARD OF

DIRECTORS.

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

BIRTHSTONE'S OFFICERS AND DIRECTORS WERE PROVIDED WITH A COPY OF THIS FORM

990 FOR REVIEW PRIOR TO ITS FILING. IT WAS CIRCULATED BY EMAIL TO EACH

INDIVIDUAL, AND WAS REVIEWED AND APPROVED BY EACH MEMBER OF THE BOARD.

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

AS A PART OF ITS START UP ACTIVITIES, BIRTHSTONE ADOPTED A CONFLICT OF

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

ON OCTOBER 27, 2020. ON NOVEMBER 17, 2020, THE BOARD RESOLVED THAT THE

POLICY WOULD BE REVIEWED AT ITS ANNUAL MEETING, AND THAT INDIVIDUAL

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 POLICY AND FINANCIAL

STATEMENTS WERE AVAILABLE FOR PUBLIC REVIEW AT ITS PLACE OF BUSINESS.

FORM 990, PART VI, SECTION A, LINE 9

DIRECTOR BRIAN WESTBROOK, COALITION FOR LIFE ST. LOUIS, 11780 BORMAN DR

#128, ST. LOUIS, MO 63146.

DIRECTOR/ASSISTANT TREASURER LAWRENCE BOMMARITO, 325 W. ARGONNE, ST.

LOUIS, MO 63122.

DIRECTOR/SECRETARY JENNIFER SHAFFER, 668 E. ARGONNE, ST. LOUIS, MO

63122.