| Form | <b>990</b> |
|------|------------|
| 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<br>applicabl   | C Name of organization D Employer identification number                            |               |  |                                |  |  |
|                         | Addre<br>chang          |  |               |  |                                |  |  |
|                         | Name<br>chang           |  |               | 85-38493                               | 08                             |  |  |
|                         | Initial<br>return       | Number and street (or P.O. box if mail is not delivered to street address)         | Room/suite    | E Telephone number                     |                                |  |  |
|                         | Final<br>return         |  |               | 248-495-                               | 5715                           |  |  |
|                         | termir<br>ated          | City or town, state or province, country, and ZIP or foreign postal code           |               | G Gross receipts \$                    | 1,455,857.                     |  |  |
|                         | Amen<br>return          | ST. LOUIS, MO 03122  |               | H(a) Is this a group re                |                                |  |  |
|                         | Applic<br>tion<br>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<br><b>art I</b> | rorganization: X Corporation Trust Association Other ►                             | <b>L</b> 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<br>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<br>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.                         |  |  |
| <b>~</b>                | 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> .<br>296,291.             | <u>70,126.</u><br>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<br>298 , 437 • | <u>End of Year</u><br>967,695. |  |  |
| Asse                    | 20<br>21                | Total assets (Part X, line 16)<br>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<br>self-employed | P0056043 | 5 |  |
| Preparer    | Firm's name <b>UHY ADVISORS MO</b> ,  | 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 <b>2</b> |
|------|--|------------------------------|---------------|
| 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 \$                      | )             |
|      |  |                              |               |
|      |  |                              |               |
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|      |  |                              |               |
|      |  |                              |               |
| 4c   |  |                              | )             |
| 40   | (Code:) (Expenses \$ including grants of \$) (Rev  | enue \$                      | )             |
|      |  |                              |               |
|      |  |                              |               |
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|      |  |                              |               |
|      |  |                              |               |
| 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 <b>64</b> , 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   | <b>-</b>   |     | - 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<br>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><br>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         |

Form 990 (2021)

| Form | 990 | (2021) |
|------|-----|--------|
|      | 330 |        |

|  |   |           | 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      |  |
|  | <b>5 71 1 71 1 1</b>  | 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<br>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<br>Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 28c<br>29 | X   |          |  |
| 29<br>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<br>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><br>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<br>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

| Form | 990 (2021) BIRTHSTONE CORPORATION   |            | 85-3849            | 308 | P   | age <b>5</b> |
|------|---|------------|--------------------|-----|-----|--------------|
| 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.   |            |                    |     |     |              |

132005 12-09-21

Form **990** (2021)

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   | <b>1</b> 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<br>box, unless person is both an<br>officer and a director/trustee) |            | compensation | compensation                    | amount of |                 |                 |                           |
|                        | week                   |                                | cer ar<br>I   | id a d     | irecto       | r/trus <sup>.</sup>             | 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<br>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<br>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 <b>8</b> |
|---|----------------------|--------------------------------|-----------------------|-----------|--------------|---------------------------------|--------|------------------------------|----------------------------|---------------|---------|---------------------|--------------|
| Part VII Section A. Officers, Directors, Tru  |                      | ploy                           | ees,                  |           |              | ghes                            | t C    | ompensated Employee          | s (continued)              |               |         |                     |              |
| (A)   | (B)                  |                                |                       | (C<br>Pos |              |                                 |        | (D)                          | (E)                        |               | _       | (F)                 |              |
| Name and title  | Average<br>hours per |                                | not c                 | heck      | more         | '<br>than c<br>s both           |        | Reportable compensation      | Reportable<br>compensation | <u> </u>      |         | timate<br>nount (   |              |
|   | week                 |                                |                       |           |              | r/trust                         |        | from                         | from related               |               |         | other               | 01           |
|   | (list any            | ector                          |                       |           |              |                                 |        | the                          | organizations              | I             |         | pensa               |              |
|   | hours for<br>related | e or dir                       | ee                    |           |              | sated                           |        | organization                 | (W-2/1099-MIS              | C/            |         | om the              |              |
|   | organizations        | trustee                        | al trust              |           | /ee          | mpens                           |        | (W-2/1099-MISC/<br>1099-NEC) | 1099-NEC)                  |               | •       | anizati<br>d relati |              |
|   | below                | Individual trustee or director | Institutional trustee | er        | Key employee | Highest compensated<br>employee | ner    |                              |                            |               | orga    | anizatio            | ons          |
|   | line)                | Indiv                          | Insti                 | Officer   | Key e        | High<br>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           |
| <b>3</b> Did the organization list any <b>former</b> office   |                      |                                | -                     |           | •            |                                 |        | , , ,                        |                            |               |         |                     |              |
| line 1a? If "Yes," complete Schedule J for  |                      |                                |                       |           |              |                                 |        |                              |                            |               | 3       |                     | Х            |
| 4 For any individual listed on line 1a, is the s  |                      |                                |                       |           |              |                                 |        |                              |                            |               |         |                     | х            |
| <ul><li>and related organizations greater than \$15</li><li>5 Did any person listed on line 1a receive or</li></ul> |                      |                                |                       |           |              |                                 |        |                              |                            |               | 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<br>\$100.000 of compensation from the organ                               | u u                  | ot lir                         | niteo                 | to to     | thos<br>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<br>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)<br>Total revenue      | (B)<br>Related or exempt<br>function revenue | <b>(C)</b><br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a<br>b<br>c<br>d<br>e<br>f<br>f | Related organizations 1d   | 734,400.<br>722,975.<br>▶ | 734,400.                  |  |   |   |
| Program Service<br>Revenue                                | 2 a<br>b<br>c<br>d<br>f          |  |                           |                           |  |   |   |
|   | 3<br>4<br>5<br>6 a<br>b<br>c     | Less: rental expenses     6b       Bental income or (loss)     6c  | proceeds                  | 4,967.                    |  |   | 4,967.  |
| Other Revenue   | 7a<br>b<br>c                     | <ul> <li>Net rental income or (loss)</li> <li>Gross amount from sales of assets other than inventory</li> <li>Less: cost or other basis and sales expenses</li> <li>Gain or (loss)</li> <li>Net gain or (loss)</li> <li>Gross income from fundraising events (not</li> </ul> | (ii) Other                | 0.                        |  |   |   |
| Othe  | b<br>9 a<br>5<br>10 a<br>b       | including \$ of<br>contributions reported on line 1c). See<br>Part IV, line 18 Band<br>Less: direct expenses Band<br>Net income or (loss) from fundraising events<br>Gross income from gaming activities. See<br>Part IV, line 19 9a<br>Less: direct expenses 9b             |                           |                           |  |   |   |
| Miscellaneous<br>Revenue                                  | 11 a<br>b<br>c<br>d              | MISCELLANEOUS REVENUE  | Business Code<br>9999999  | 1,290.                    |  |   | 1,290.  |
|   | <u>е</u><br>12                   | Total. Add lines 11a-11d<br>Total revenue. See instructions  |                           | <u>1,290.</u><br>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<br>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<br>expenses | Management and general expenses | Fundraising<br>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<br>16 | Royalties  | 33,593.        | 33,593.                     |                                 |                         |
| 16<br>17 |  | 29.            |                             | 29.                             |                         |
| 17<br>10 | Travel<br>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<br>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 |                                 |     |                           |
|-----------------------------|-----|--|-------------|-----------------------|---------------------------------|-----|---------------------------|
|                             |     |  |             |                       | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>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  | <sub>ge</sub> 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?                                  |           | <b>2</b> 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 |
|------------|---|
|------------|---|

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<br>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 <sup>–</sup> | 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.         |
| <b>44</b> [     | See section 509(a)(2). (Co  | • •  | volute test for public co                              | fativ Caa                           | oootion E(                       | O(a)(4)         |               |                            |
| 11 ∟<br>12 □    | An organization organized   | •  |  | •                                   |                                  |                 | way out the   | nurnanan of ana ar         |
|                 | An organization organized<br>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)                   |
|                 | <b>Type III non-functionally integrated.</b> 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<br>(described on lines 1-10 | (IV) Is the orga<br>in your governi | anization listed<br>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 <sup>-</sup> |
|----------|-------------------------------|
| 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) 🕨    | <b>(a)</b> 2017       | <b>(b)</b> 2018      | <b>(c)</b> 2019     | (d) 2020             | <b>(e)</b> 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) 🕨    | <b>(a)</b> 2017       | <b>(b)</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                  | %         |  |
| <b>16</b> 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        |                       |                      |                     |                      |                     | <b>N</b>  |  |
| 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>(b)</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,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                   |                     |                     |                    |           |   |
| 3    | Gross receipts from activities that  |                   |                     |                     |                    |           |   |
|      | are not an unrelated trade or bus-<br>iness under section 513  |                   |                     |                     |                    |           |   |
| 4    | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                   |                     |                     |                    |           |   |
| 5    | The value of services or facilities<br>furnished by a governmental unit to<br>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<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>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>(b)</b> 2018     | <b>(c)</b> 2019     | (d) 2020           | (e) 2021  | (f) Total                               |
| 9    | Amounts from line 6  |                   |                     |                     |                    |           |   |
| 10a  | a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>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<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on   |                   |                     |                     |                    |           |   |
|      | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                   |                     |                     |                    |           |   |
|      | Total support. (Add lines 9, 10c, 11, and 12.)   |                   | <br>                |                     | <br>               | 01(-)(0)  | ··                                      |
| 14   | First 5 years. If the Form 990 is for the  | -                 |                     |                     |                    |           |   |
| Se   | check this box and stop here<br>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    | <b>33 1/3% support tests - 2020.</b> 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 |
|--|----------------------------|------------|-------------|
|--|----------------------------|------------|-------------|

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> <b>Part VI</b> <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> <b>eee</b> |

- 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). |
|---|--|--------------------------------|----------------------|-------------------------|-----------------------------|------------------------------|
|---|--|--------------------------------|----------------------|-------------------------|-----------------------------|------------------------------|

- 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  | <b>1</b> 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)<br>Excess Distributions   | (ii)<br>Underdistributior<br>Pre-2021 | IS   | (iii)<br>Distributab<br>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    | <b>Supplemental Information.</b> 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,<br>; Part V, Section B, line 1e; Part V, |
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| SCHEDULE D | ) |
|------------|---|
|------------|---|

| (Form 990) |  |
|------------|--|
|------------|--|

Part I

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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       |                  |        | <sub>age</sub> 2 |
|------|---|--|--------------|---------------|-----------------------|-----------|-------------------------|-------------|------------------|--------|------------------|
| Par  | t III Organizations Maintaining C                 | ollections of Ar                       | t, Histo     | orical Tre    | easures, or           | r Othe    | r Simila                | r Assets    | <b>i</b> (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>(b)</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                           | <b>(a)</b> Cost or o<br>basis (investr |              | .,            | t or other<br>(other) | • • •     | ccumulate<br>preciation |             | <b>(d)</b> 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)<br>(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)   |   |                            |                                     |                            |
| <b>otal</b> . (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)<br>(4)  |   |                            |                                     |                            |
| (3)<br>(4)<br>(5)   |   |                            |                                     |                            |
| (3)<br>(4)<br>(5)<br>(6)  |   |                            |                                     |                            |
| (3)<br>(4)<br>(5)<br>(6)<br>(7)   |   |                            |                                     |                            |
| (3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)  |   |                            |                                     |                            |
| (3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)   |   |                            |                                     | 536 407                    |
| (3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Fotal. (Colum  | nn (b) must equal Form 990, Part X, col. (B) line   | e 15.)                     |                                     | ▶ 536,497                  |
| (3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Cotal. (Colum<br>Part X                              | Other Liabilities.  |                            |                                     |                            |
| (3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br><sup>7</sup> otal. ( <i>Colur</i> )<br><b>Part X</b> | Other Liabilities.<br>Complete if the organization answered "Yes"                                 |                            |                                     | e 25.                      |
| (3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Fotal. (Colum<br>Part X                              | Other Liabilities.<br>Complete if the organization answered "Yes"<br>(a) Description of liability |                            |                                     |                            |
| (3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Fotal. (Colum<br>Part X                              | Other Liabilities.<br>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 <b>2a</b> through <b>2d</b>   |                    |                   |
| 3    | Subtract line <b>2e</b> from line <b>1</b>                                    |                    |                   |
| 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 <b>4a</b> and <b>4b</b>   |                    |                   |
| 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 |
|-------------|----------------|
|-------------|----------------|

## BIRTHSTONE CORPORATION

| Par | rt I Types of Property   |                                      |   |  |   |     |           |  |
|-----|--|--------------------------------------|---|--|---|-----|-----------|--|
|     |  | <b>(a)</b><br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of det<br>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.