Form **990**

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.

OMB No. 1545-0047 Open to Public Inspection

Α	For the	e 2017 calendar year, or tax year beginning and	enaing	_					
В	Check if applicabl	C Name of organization		D Employer identif	ication number				
	Addre chang	PRECIOUS PROJECT, INC.							
	Name chang	Doing business as		1 47-1	.281673				
	Initial return		Room/suite	E Telephone numbe	er				
	Final return.	1 OAK MEADOW ROAD		781-259-0970					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	455,224.				
	Amen- return	DINCOLN, MA 01//3		H(a) Is this a group return					
	Application			for subordinates	s? Yes X No				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates i	included? Yes No				
<u></u>	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	If "No," attach a	a list. (see instructions)				
		e: ► WWW.PRECIOUSPROJECT.ORG		H(c) Group exemption					
		organization: X Corporation Trust Association Other ►	L Year	of formation: 2014	vi State of legal domicile: MA				
Р	art I	Summary							
ě	1	Briefly describe the organization's mission or most significant activities: ${f THE}$ 1	MISSIC	N OF PRECIC	US PROJECT				
Activities & Governance		IS TO OFFER HIGH QUALITY EDUCATION AND CA							
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more						
્ટ્રે	3			3	9				
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			9				
ijes	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			2 2				
ΞΞ	6	Total number of volunteers (estimate if necessary)							
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	b	Net unrelated business taxable income from Form 990-T, line 34	·····						
		Ocatilestica and sugate (Dath)III line 41)	-	Prior Year 637,090.	Current Year 455,109.				
ne	8	Contributions and grants (Part VIII, line 1h)		0.57,090.					
Revenue	9	Program service revenue (Part VIII, line 2g)		115.	115.				
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		637,205.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) _ Grants and similar amounts paid (Part IX, column (A), lines 1-3)		143,952.	174,931.				
		Benefits paid to or for members (Part IX, column (A), lines 1-3)		0.					
"	1			52,974.					
Expenses	162	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). Professional fundraising fees (Part IX, column (A), line 11e)		9,700.	0.				
ber	h	Total fundraising expenses (Part IX, column (D), line 25) 5.5	24.	3,,000	,				
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		33,968.	40,760.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		240,594.					
	19	Revenue less expenses. Subtract line 18 from line 12		396,611.					
Or Soc	3	· · · · · · · · · · · · · · · · · · ·		ginning of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)		531,705.	641,200.				
ASS	21	Total liabilities (Part X, line 26)		7,355.	0.				
	22	Net assets or fund balances. Subtract line 21 from line 20		524,350.	641,200.				
P	art II	Signature Block							
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	ny knowledge and belief, it is				
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.					
Sig	jn	Signature of officer		Date					
He	re	ELLIOT KRONSTEIN, CHAIR							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN				
Pai		SANDRA M. BROWN, CPA		4/26/18 if self-employ	P01614103				
	parer	Firm's name SMITH, SULLIVAN & BROWN, P.C.		Firm's EIN ▶	43-1985162				
Use	Only	Firm's address 80 FLANDERS ROAD - SUITE #200		,_	00) 054 5456				
		WESTBOROUGH, MA 01581		Phone no. (5	08) 871-7178				
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Other program services (Describe in Schedule O.)

207,123. Total program service expenses

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including grants of \$

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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		X
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	00		x
04-	Schedule J	23		Α_
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
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		21
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		22
31		31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		7.7	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part v					
			4		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
_	(gambling) winnings to prize winners?	i	 	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		2			
	filed for the calendar year ending with or within the year covered by this return				Х	
р	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Λ	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			0-		X
	-			3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other		ity over a	SD		
44	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		х
h	If "Yes," enter the name of the foreign country:	accou	iii) !	40		71
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	\ccour	te (FRAR)			
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 transaction at any time during the tax year.			5b		X
	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 to			-00		
-	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 contribu					
	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 se	rvices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 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	d by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	۔مد ا				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a				
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	118				
D	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) }	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.5				
	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 in Schedul			14b		
				Eorm	990	(2017)

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	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 by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	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 ►MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvailab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	I finan	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 books and records:			
	ELLIOT KRONSTEIN - 781-259-0970 1 OAK MEADOW ROAD, LINCOLN, MA 01773			
	I ONK MENDOM KOND, HINCOHN, MA UI//3			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A)	(B)	J. 90	(C)					(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
Name and Thie	hours per		(do not check more than one box, unless person is both an					compensation	compensation	amount of
	week	officer and a director/trustee			or/trus	tee)	from	from related	other	
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	or di	8			ated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	Institutional trustee		99	mpen		(W-2/1099-MISC)		organization and related
	below	d ual t	ıtiona	_	Key employee	st co	<u></u>			organizations
	line)	Indivi	Institi	Officer	Key e	Highest compensated employee	Former			
(1) GILBERT WILLIAMS	10.00									
CO-FOUNDER/DIRECTOR		Х						0.	0.	0.
(2) ELLIOT KRONSTEIN	10.00									
CHAIR		Х		Х				0.	0.	0.
(3) SUSANNE RHEAULT-WILLIAMS	10.00									
CO-FOUNDER/DIRECTOR		Х						0.	0.	0.
(4) MATTHEW GARDNER	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) LORI MARTINI	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(6) CHARLES PHILLIPS	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(7) ED WOOD	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(8) ADI HOD	1.00	١						_	_	
DIRECTOR	1 00	Х						0.	0.	0.
(9) VALERIE PROSPER IMPARATO	1.00	\ •		x				_	0	_
CLERK		Х		Λ				0.	0.	0.
		-								
		-								
		1								
			\vdash		\vdash	\vdash	-			
		1								
		\vdash				T				
		1								
		1								

Form **990** (2017)

. u.	Section A. Officers, Directors, Trus	itees, Key Em	ploy	<u>rees</u>	, an	<u>a Hi</u>	gne	st C	ompensated Employe	es (continuea)				
	(A)	(B)			((-			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one box, unless person is both ar					one	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss pe	rson		h an	compensation	compensation			nount	of
		week (list any	\vdash		<u> </u>		J., u.o	T	from	from related			other	tion
		hours for	direct				_		the organization	organizations (W-2/1099-MISC	,		pensa om th	
		related	e or (stee			nsateo		(W-2/1099-MISC)	(** 2/ 1033 1/1100	"丨		anizat	
		organizations	truste	al tru		yee	ımbei		(** = *********************************			•	d relat	
		below	Individual trustee or director	Institutional trustee	er	Key employee	est co	ner				orga	anizati	ons
		line)	Indi	Insti	Officer	Key	Highest compensated employee	Form						
											\dashv			
				\vdash							\dashv			
				_			_				\dashv			
-41-	Outs Asked								0.		0.			0.
	Sub-total								0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
<u>u</u>	Total (add lines 1b and 1c) Total number of individuals (including but r										• •			•
	compensation from the organization	iot invinted to ti	1000	· iiot	Ju u	5011	<i>5)</i> Wi	10 10	socived more than \$100	,,ooo or reportable				0
													Yes	No
3	Did the organization list any former officer,	•		e, ke	ey er	nplo	yee	or l	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s											3		<u> </u>
4	For any individual listed on line 1a, is the si			-					<u> </u>	the organization				37
_	and related organizations greater than \$15			•					*******			4		X
5	Did any person listed on line 1a receive or											_		Х
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	ipiete Scriedui	e J i	Or S	ucn	pers	SOII .			<u></u>		5		-21
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of comp	ensa	ation f	rom	
	the organization. Report compensation for	=	-											
	(A) Name and business	address	NT/	וזאר	7				(B) Description of s	envices	C	(C	;) nsatio	n
	ivanie and business	audiess	1//	INC					Description of	SELVICES		ompe	isatio	
								_						
								1						
								\dashv						
2	Total number of independent contractors (\$100,000 of compensation from the organi		ot li	mite	d to		se lis)	sted	l above) who received n	nore than				
												Form	990 (2	2017)

Pa	rt V				o or note to ony lim	o in this Dort VIII			
			Check if Schedule O cont	ains a respons	e or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1 8	a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
s, C Am			Fundraising events						
Gift			Related organizations						
imi	•	е	Government grants (contribut	ions) 1e					
tior S S	1	f	All other contributions, gifts, gran	ts, and					
ibu			similar amounts not included abo	ve 1f	455,109.				
ontr d C	9	g	Noncash contributions included in lines	1a-1f: \$	_				
a C	ı	h	Total. Add lines 1a-1f			455,109.			
					Business Code				
ice	2 8	а							
erv	ı	b							
m S		С							
grai	(d							
Program Service Revenue		e	All alle and an area and a second						
_			All other program service reve						
	3	g	Total. Add lines 2a-2f						
	3		other similar amounts)	•		115.			115.
	4		Income from investment of ta						
	5		Royalties						
	Ŭ		noyamoo	(i) Real	(ii) Personal				
	6 a	а	Gross rents	(i) Froui	(ii) i diddiidii				
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securities					
			assets other than inventory						
	ı	b	Less: cost or other basis						
			and sales expenses						
	(С	Gain or (loss)						
	(d	Net gain or (loss)		.				
Other Revenue	8 8	а	Gross income from fundraisin including \$	•					
}eve			contributions reported on line	1c). See					
er F			Part IV, line 18		а				
)‡			Less: direct expenses		b				
	(С	Net income or (loss) from fund	draising events	<u></u>				
	9 8	а	Gross income from gaming ac						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gam						
	10 a	а	Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold						
		<u>c</u>	Net income or (loss) from sale						
	44	_	Miscellaneous Revenu	ie	Business Code				
	11 a				-				
		b			-				
		q C	All other revenue						
			Total. Add lines 11a-11d						
	12	_	Total revenue. See instructions.			455,224.	0.	0.	115.

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 (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 174,931. 174,931. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 102,292. 24,229. 33,168. 44,895. Other salaries and wages _____ 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 8,391. 1,853. 3,000. 3,538. Payroll taxes 10 Fees for services (non-employees): a Management Legal 25,085. 2,672. 22,413. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 7,602. 1,104. 3,946. 2,552. Office expenses 13 2,073. 721. 647. 14 Information technology 15 Royalties 16 Occupancy 3,155. 1,263. 1,820. 72. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,387. 1,387. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 1,458. 350. 481. 627. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) All other expenses 326,374 207,123. 63,727. 55,524. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	318,805.	1	437,326.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	184,500.	3	140,500.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S.		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	28,400.	9	63,374
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	531,705.	16	641,200.
	17	Accounts payable and accrued expenses	7,355.	17	0.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to current and former officers, directors, trustees,			
<u>ii</u>		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	7,355.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	00.400		006 545
anc	27	Unrestricted net assets	80,400.	27	226,547.
Fund Balances	28	Temporarily restricted net assets	443,950.	28	414,653.
nd	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
ō		and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	F04 252	32	644 000
Z	33	Total net assets or fund balances	524,350.	33	641,200.
	34	Total liabilities and net assets/fund balances	531,705.	34	641,200.

Pai	rt XI Reconciliation of Net Assets				<i>y</i> -
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2	32	6,3	74.
3	Revenue less expenses. Subtract line 2 from line 1	3		8,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52	4,3	50.
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 in Schedule O)	9	-1:	2,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	64 :	1,2	00.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Open to Public Inspection

Employer identification number Name of the organization PRECIOUS PROJECT, INC. 47-1281673 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")		88,935.	359,331.	637,090.	455,109.	1540465.
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		88,935.	359,331.	637,090.	455,109.	1540465.
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)						243,116.
_6	Public support. Subtract line 5 from line 4.						1297349.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		88,935.	359,331.	637,090.	455,109.	1540465.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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.)						1510165
11	Total support. Add lines 7 through 10						1540465.
12			,			12	2,381.
13	First five years. If the Form 990 is for	•			•	. , . ,	. 37
Sec	organization, check this box and storection C. Computation of Publ	herePe	rcentage				<u>X</u>
				solumn (f))		44	0/
	Public support percentage for 2017 (15	<u>%</u> %
	Public support percentage from 2016 33 1/3% support test - 2017. If the o						
104	stop here. The organization qualifies	•		•		•	
h	33 1/3% support test - 2016. If the						
, L	and stop here. The organization qual						
179	10% -facts-and-circumstances tes						
17 0							
	and if the organization meets the "fact meets the "facts-and-circumstances"				=	-	
h	10% -facts-and-circumstances tes						
i.	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-cire		•		•		·
18	Private foundation. If the organization						
<u></u>		sia net oncon a	25% 517 1110 10, 101	, , , , , o, , , , , , , , , ,		edule A (Form 990	
						,	, · ·

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	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•		•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	. ,	, ,			, ,	,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization	s first, second this	rd, fourth, or fifth t	ax vear as a section	n 501(c)(3) organi	zation.
•		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2017 (column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve					<u> </u>	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2017. If the					33 1/3%, and line	
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2016. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
	2		
Ī			
	За		
L	3b		
L	3с		
H	4a		
L	4b		
	4c		
	5a		
	5b		
L	5c		
L	6		
	7		
Γ			
L	8		
	9a		
	9b		
t			
	9с		
	10a		
t			
	10b		
m 99	90 or 99	90-EZ)	2017

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	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		
	By reason of the relationship described in (2), 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		
	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions)	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	,		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	ш	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	ιV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe			
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	izations, in excess of income from activity			
3		nistrative expenses paid to accomplish exempt purpose	es of supported organization	is .	
4		ints paid to acquire exempt-use assets			
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which the	ne organization is responsive	 e	
		de details in Part VI). See instructions.	3		
9		outable amount for 2017 from Section C, line 6			
10		amount divided by line 9 amount			
Secti		Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From				
е	From	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2017 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2017 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2017, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	than z	zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2017. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2018. Add lines 3j			
	and 4				
8		down of line 7:			
		ss from 2013			
		ss from 2014			
		ss from 2015			
		ss from 2016			
<u> </u>		on from 2017			

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

PRI	ECIOUS PROJEC	T, INC.				47-128167	3
Pa			ctivities Ou	tside the United States. Comple	ete if the organ		
	Form 990, Part IV						
1				ds to substantiate the amount of its grather the selection criteria used to award the			Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and of	ther assistance outs	ide the
3		ne following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
	(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
IIDI	DLE EAST AND			GRANTS TO RECIPIENTS	PROGRAM SER	VICE: GRANTS	
IOR'I	TH AFRICA	0	0	LOCATED IN REGION	TO TANZANIA	N PARTNER	174,931.
3 a	Sub-total	0	0				174,931.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0	0				174,931.

732071 10-06-17

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

Schedule F (Form 990) 2017

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			SUPPORT OF EDUCATION					
			AND CARE FOR ORPHANED					
		MIDDLE EAST AND	AND VULNERABLE					
		NORTH AFRICA	CHILDREN OF TANZANIA	174,931.	WIRE TRANSFER	0.	N/A	
								+
								+
2 Enter total number of			recognized as charities by the					

3 Enter total number of other organizations or entities ...

Part III Grants and Other Assistance Part III can be duplicated if a			ates. Complete i	f the organization answered "Yes'	on Form 990, Parl	t IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region). Part II. line 1 (accounting method). Part III (accounting method) and Part III. column (c)

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
PRECIOUS PROJECT, INC. PROVIDES FUNDING TO ITS TANZANIAN PARTNER.
FINANCIAL SUPPORT IS SENT TO TANZANIA, VIA WIRE TRANSFER, AND IS USED TO
SUPPORT THE FOLLOWING PROGRAMS:
(1) PRECIOUS PRIMARY SCHOOL
(2) PRECIOUS CHILDREN'S HOME
(3) WOMEN EMPOWERMENT
(4) TECHNOLOGY FOR EDUCATION
(5) AGRICULTURE BEST PRACTICES
PRECIOUS PROJECT RECEIVES REGULAR MONTHLY ACCOUNTINGS AS TO THE NATURE
AND AMOUNTS OF SPECIFIC EXPENDITURES, WHILE POCH IS RESPONSIBLE FOR ITS
OWN FILINGS IN TANZANIA. IN ADDITION, THE PRECIOUS PROJECT BOARD MEMBERS
MAKE REGULAR TRIPS TO THE TANZANIAN PROGRAM SITES, AS WELL AS OVERSEE THE
GOVERNANCE AND PROGRAM SERVICES OF ITS TANZANIAN PARTNER.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

PRECIOUS PROJECT, INC.

Employer identification number 47-1281673

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: VULNERABLE CHILDREN IN RURAL TANZANIA. WE PARTNER WITH THE LOCAL COMMUNITY TO PROVIDE A PRIMARY SCHOOL, CHILDREN'S HOME, COMMUNITY CENTER AND AN ORGANIC FARM, AND IMPROVE AGRICULTURAL DEVELOPMENT THROUGH SUSTAINABLE ENVIRONMENTAL PRACTICES. PRECIOUS PROJECT ALSO SUPPORTS WOMEN'S EMPOWERMENT GROUPS THAT FOSTER ECONOMIC SELF-SUFFICIENCY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AGRICULTURAL DEVELOPMENT THROUGH SUSTAINABLE ENVIRONMENTAL PRACTICES. PRECIOUS PROJECT ALSO SUPPORTS WOMEN'S EMPOWERMENT GROUPS THAT FOSTER ECONOMIC SELF-SUFFICIENCY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ENVIRONMENT FOR ORPHANS OF HIV AND ABANDONED CHILDREN. UNDER PRECIOUS "FAMILY" HOME HAS GROWN FROM NINE TO 21 RESIDENTIAL THE SMALL CHILDREN AND MOVED IN 2014 FROM A CRAMPED RENTED CEMENT BLOCK TO A "MAMAS", AN AFFECTIONATE NAME GIVEN TO THE BEAUTIFUL PERMANENT HOME. WOMEN WHO WATCH OVER THE CHILDREN, PROVIDE DAILY LOVING CARE AS WELL AS CLEAN, AND DO THE LAUNDRY. ALL THE CHILDREN'S NEEDS, COOK, INCLUDING THEIR EDUCATION AND HEALTH CARE ARE PROVIDED FOR.

WOMEN EMPOWERMENT:

PRECIOUS PROJECT HELPS VILLAGE WOMEN CREATE AND MANAGE THEIR OWN

GROUPS ARE COMPRISED OF APPROXIMATELY 30 MEMBERS. SELF-HELP GROUPS.

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization **Employer identification number** PRECIOUS PROJECT, INC. 47-1281673 EACH GROUP CREATES A SAVINGS AND LOAN PROGRAM, HAS ITS OWN BY-LAWS, AND DETERMINES THE TERMS AND CONDITIONS OF LOANS INCLUDING THE INTEREST RATE. GROUPS MEET WEEKLY TO POOL THEIR SAVINGS, REPAY LOANS, AND VOTE ON WHO WILL RECEIVE A NEW ROUND OF LOANS. MEMBERS USE THEIR LOANS TO START OR EXPAND MICRO-BUSINESSES, PAY SCHOOL TUITION FEES FOR THEIR CHILDREN, AND TO COVER UNANTICIPATED EXPENSES, SUCH AS FOOD, MEDICINE, OR OTHER NEEDS. AS LOANS ARE REPAID AND NEW LOANS ARE MADE, THE ACCRUED INTEREST EXPANDS THE AMOUNT OF MONEY AVAILABLE FOR FUTURE LOANS. TECHNOLOGY FOR EDUCATION: PRECIOUS PROJECT SEEKS TO LEVERAGE INFORMATION & COMMUNICATIONS TECHNOLOGY ("ICT") TO BOOST STUDENT LEARNING AND PERFORMANCE, BRIDGE THE EDUCATION GAP IN TANZANIA'S PRIMARY EDUCATION, AND PREPARE ITS YOUNG CITIZENS WITH THE KNOWLEDGE AND SKILLS TO PARTICIPATE IN THE PRECIOUS' ICT PROJECT EFFORTS ARE MULTIFACETED DIGITAL WORLD ECONOMY. TO MAXIMIZE THE PROJECT'S SUCCESS AND FOCUSES ON IMPLEMENTING TECHNOLOGY THAT IS EASY AND INTUITIVE FOR CHILDREN TO USE, NOT DEPENDENT ON RELIABLE ELECTRICITY OR THE INTERNET, AND SIMPLE TO MAINTAIN. AGRICULTURAL BEST PRACTICES: IN 2015, PRECIOUS PROJECT PURCHASED ONE ACRE OF LAND TO START AN ORGANIC FARM TO PROVIDE NUTRITIOUS FOOD TO CHILDREN LIVING IN THE PRECIOUS CHILDREN'S HOME AND ENROLLED IN PRECIOUS PRIMARY SCHOOL. PRECIOUS PROJECT EMPLOYS SUSTAINABLE AGRICULTURAL PRACTICES TO GROW

PRECIOUS PROJECT, INC.

Employer identification number 47-1281673

ORGANIC BANANAS, AVOCADOES AND A VARIETY OF VEGETABLES. PRECIOUS

PROJECT HAS ALSO INSTALLED WATER TANKS TO CAPTURE AND FILTER RAINWATER

AND A BIOGAS SYSTEM TO REDUCE DEPENDENCY ON PROPANE. ADDITIONALLY,

PRECIOUS PROJECT DRILLED A BOREHOLE FOR AN ARTESIAN WELL, WHICH

AUGMENTS THE FARM'S RAINWATER COLLECTION WHILE ALSO SUPPLYING FRESH

WATER TO ABUTTING NEIGHBORS. PRECIOUS PROJECT EMPLOYS A FULL-TIME

GARDENER, WHO ALSO TEACHES THE PRECIOUS HOME'S RESIDENTIAL CHILDREN HOW

TO FARM ORGANICALLY.

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

GILBERT WILLIAMS (CO-FOUNDER/DIRECTOR) AND SUSANNE RHEAULT-WILLIAMS

(CO-FOUNDER/DIRECTOR) ARE MARRIED; ELLIOT KRONSTEIN (CHAIR) AND INA

ORENSTEIN (BOOKKEEPER) ARE SIBLINGS; SUSANNE RHEAULT-WILLIAMS

(CO-FOUNDER/DIRECTOR) AND MATTHEW GARDNER (TREASURER) ARE STEP MOTHER/STEP

SON).

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

THE FORM 990 IS PREPARED BY THE EXTERNAL AUDITORS AND REVIEWED BY

MANAGEMENT. ONCE ALL ARE SATISFIED WITH THE FORM, IT IS FINALIZED AND A

COPY IS SENT TO ALL BOARD MEMEBERS. REVISIONS, CORRECTIONS, ETC. ARE MADE

AS NECESSARY. SUBSEQUENTLY, THE FORM IS SUBMITTED TO THE IRS.

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

THE BOARD OF DIRECTORS REQUIRES AN ANNUAL DECLARATION FROM ALL BOARD

MEMBERS AND SENIOR MANAGEMENT AS TO THE EXISTENCE AND DISCLOSURE OF ANY

POTENTIAL CONFLICTS OF INTEREST. THE BOARD MEMBERS SIGN A DISCLOSURE

STATEMENT. ANY POTENTIAL CONFLICTS ARE DISCUSSED BY THE DIS-INTERESTED

BOARD MEMBERS, WHILE THE PARTY IN POTENTIAL CONFLICT IS REQUIRED TO LEAVE

Schedule O (Form 990 or 990-EZ) (2017)

PRECIOUS PROJECT, INC.	47-1281673
THE ROOM. BOARD MEETING MINUTES WILL DOCUMENT THE DISCUS	SION AND DECISION
MAKING PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS (ARTICLES	OF INCORPORATION
AND BY-LAWS) AND FINANCIAL STATEMENTS AVAILABLE UPON REQU	EST. THE
ORGANIZATION WILL MAIL COPIES UPON REQUEST OR PROVIDE COP	IES TO THOSE WHO
COME TO THE ADMINISTRATIVE OFFICES DURING NORMAL BUSINESS	HOURS. THE
ORGANIZATION CHARGES FOR THE COPIES IN ACCORDANCE WITH IR	S REGULATIONS.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNCOLLECTIBLE PLEDGES	-12,000.