

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning $\underline{\text{OCT 1}}$, 2018, and ending $\underline{\text{SEP 30}}$, 20 $\underline{\text{19}}$

Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

2018

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		Employer	identification number
KEEP PEARLAND	BEAUTIFUL	 76-0	083606
Name and title of officer			
ADRIAN HERNAN	DEZ		
EXECUTIVE DIR			
	Return and Return Information (Whole Dollars Only)		
	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, from		-
	a, below, and the amount on that line for the return being filed with this form was blank, the ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable		
than one line in Part I.	and do not officer of. But, if you officed of off the return, their officer of off the applicable	III C DCIOW	. Do not complete more
1a Form 990 check here	▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	16	482,289.
2a Form 990-EZ check he			
3a Form 1120-POL check			
4a Form 990-PF check he			
5a Form 8868 check here			
	ion and Signature Authorization of Officer I declare that I am an officer of the above organization and that I have examined a copy of		
(a) an acknowledgement of the date of any refund. If a debit) entry to the financia return, and the financial in: 1-888-353-4537 no later th processing of the electron payment. I have selected a	der, transmitter, or electronic return originator (ERO) to send the organization's return to the freceipt or reason for rejection of the transmission, (b) the reason for any delay in process pplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ell institution account indicated in the tax preparation software for payment of the organization stitution to debit the entry to this account. To revoke a payment, I must contact the U.S. Tan 2 business days prior to the payment (settlement) date. I also authorize the financial into payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic retuelectronic funds withdrawal.	ssing the relectronic fultion's fede Treasury Fi stitutions iresolve iss	eturn or refund, and (c) unds withdrawal (direct ral taxes owed on this inancial Agent at involved in the sues related to the
			IV PIN 11211
X I authorize JA	ERO firm name	to enter m	Enter five numbers, bu do not enter all zeros
is being filed wit	on the organization's tax year 2018 electronically filed return. If I have indicated within this h a state agency(ies) regulating charities as part of the IRS Fed/State program, I also auth the return's disclosure consent screen.		at a copy of the return
indicated within	the organization, I will enter my PIN as my signature on the organization's tax year 2018 el this return that a copy of the return is being filed with a state agency(ies) regulating charit inter my PIN on the return's disclosure consent screen.		
Officer's signature 🕨	Date >		
Part III Certifica	tion and Authentication		
	our six-digit electronic filing identification		
	your five-digit self-selected PIN. 79742411211		
	Do not enter all zeros		
•	neric entry is my PIN, which is my signature on the 2018 electronically filed return for the ong this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) as Returns.	-	
ERO's signature 🕨	Date ▶		
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form to the IRS Unless Requested To Do S	3o	
			2072 52

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

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.

Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	ror tn	e 2018 calendar year, or tax year beginning OCT 1, 2018 and	enaing S	EP 30, 2019	
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre				
	Name	Doing business as		76-0	083606
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	5800 MAGNOLIA ST.		(281) 489-2795
	termin	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	492,052.
	Amen	ded DEADIAND MY 77504		H(a) Is this a group re	
F	Applic			for subordinates	
	tion pendi	SAME AS C ABOVE		H(b) Are all subordinates in	······ — —
$\overline{}$	T		- F07		
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c te: ► WWW · KEEPPEARLANDBEAUTIFUL · ORG	or 527	1 '	list. (see instructions)
_		··· •	1	H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	L Year	of formation: 1982 N	M State of legal domicile; TX
P	art I	Summary			
Φ	1	Briefly describe the organization's mission or most significant activities: $\begin{tabular}{c} $\underline{\bf LITTI}$ \end{tabular}$			
Š		THE EFFECTS OF SOLID WASTE ON THE COMMUNI	TY, AN	ID BEAUTIFIC	ATION OF
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.
×e	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			13
o γ	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			11
itie	6	Total number of volunteers (estimate if necessary)			3002
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă	h	Net unrelated business taxable income from Form 990-T, line 38			0.
_	 	Trock difficultied additional transfer from 1 of 1, life of		Prior Year	Current Year
	8	Contributions and grants (Part VIII line 1h)		108,553.	22,069.
ne	l °	Contributions and grants (Part VIII, line 1h)		425,446.	415,208.
en /e	9	Program service revenue (Part VIII, line 2g)		3,599.	505.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,503.	44,507.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		536,095.	482,289.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		13,000.	13,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		298,499.	271,930.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	. b	Total fundraising expenses (Part IX, column (D), line 25) 17,68	37.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		204,489.	184,027.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		515,988.	468,957.
	19	Revenue less expenses. Subtract line 18 from line 12		20,107.	13,332.
Net Assets or	G			ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		495,322.	518,729.
ASS	21	Total liabilities (Part X, line 26)		2,235.	12,310.
let,	22	Net assets or fund balances. Subtract line 21 from line 20		493,087.	506,419.
	art II	Signature Block		13370071	300/1130
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the heet of my	knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			Kilowieuge allu bellet, it is
uue	, corre	a, and complete. Declaration of preparer (other than officer) is based on an information of win	icii preparei	lias any knowledge.	
		Signature of officer		I Date	
Sig		1'		Date	
Hei	re	ADRIAN HERNANDEZ, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check C	X PTIN
Pai	d	KEITH ARGUETA		self-employ	
Pre	parer	Firm's name ▶ JAG ARGUETA		Firm's EIN ▶	82-2358927
Use	Only	Firm's address 2100 TRAVIS ST SUITE 650			
_		HOUSTON, TX 77002		Phone no. 71	3-234-5112
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			Yes No

Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	LITTER PREVENTION, MINIMIZING THE EFFECTS OF SOLID WASTE ON THE	
	COMMUNITY, AND THE BEAUTIFICATION OF THE CITY OF PEARLAND, TEXAS.	
	Did the constitution of the last of the constitution of the consti	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	⊽] N
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	A NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
3	If "Yes," describe these changes on Schedule O.	21 NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 0 • including grants of \$ 0 •) (Revenue \$	0.)
	BEAUTIFICATION PROGRAMS - AREAS AROUND THE CITY WERE BEAUTIFIED THROU	
	THE ADDITION OF PLANTS, TREES AND HIKE AND BIKE TRAILS. THERE WAS	
	REMOVAL OF LITTER AND THERE WERE CITY-WIDE CLEAN UP DAYS.	
4b	(Code:) (Expenses \$ 0 • including grants of \$) (Revenue \$	0.)
40	(Code:) (Expenses \$U including grants of \$U) (Revenue \$ RECYCLING - THE ORGANIZATION SPONSORED A PROGRAM TO ENCOURAGE RECYCLING - THE ORGANIZATION SPONSORED A PROGRAM TO ENCOURAGE RECYCLING - THE ORGANIZATION SPONSORED A PROGRAM TO ENCOURAGE RECYCLING - THE ORGANIZATION SPONSORED A PROGRAM TO ENCOURAGE RECYCLING - THE ORGANIZATION SPONSORED A PROGRAM TO ENCOURAGE RECYCLING - THE ORGANIZATION SPONSORED A PROGRAM TO ENCOURAGE RECYCLING - THE ORGANIZATION SPONSORED A PROGRAM TO ENCOURAGE RECYCLING - THE ORGANIZATION SPONSORED A PROGRAM TO ENCOURAGE RECYCLING - THE ORGANIZATION SPONSORED A PROGRAM TO ENCOURAGE RECYCLING - THE ORGANIZATION SPONSORED A PROGRAM TO ENCOURAGE RECYCLING - THE ORGANIZATION SPONSORED A PROGRAM TO ENCOURAGE RECYCLING - THE ORGANIZATION SPONSORED A PROGRAM TO ENCOURAGE RECYCLING - THE ORGANIZATION SPONSORED A PROGRAM TO ENCOURAGE RECYCLING - THE ORGANIZATION SPONSORED A PROGRAM TO ENCOURAGE RECYCLING - THE ORGANIZATION SPONSORED A PROGRAM TO ENCOURAGE RECYCLING - THE ORGANIZATION SPONSORED A PROGRAM TO ENCOURAGE RECYCLING - THE ORGANIZATION SPONSORED A PROGRAM TO ENCOURAGE RECYCLING - THE ORGANIZATION SPONSORED A PROGRAM - THE ORGANIZATION SPONSORED A PROGRAM - THE ORGANIZATION - TH	
	IN THE COMMUNITY AND OPERATES A FACILITY TO DO SO.	
	(Code:) (Expenses \$ 0 • including grants of \$ 13,000 •) (Revenue \$	0.)
4c	(Code:) (Expenses \$	<u> </u>
	CHILDHOOD EDUCATION THROUGH SCHOOLS AND ADULT EDUCATION THROUGH	
	NEWSPAPERS, FLYERS AND OTHER MEANS TO ENCOURAGE RECYCLING, REDUCING A	ND ND
	REUSING.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 314,332 • including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 314,332.	0 (00:10)
	Form 99	- (2018)

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		х
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	<u> </u>		
Ü	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,	-		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			 ₩
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	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		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			
	Schedule D, Parts XI and XII	12a	Х	
h	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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		4.0		v
	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,			_v
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		Х

700210.1

Form 990 (2018) KEEP PEARLAND BEAUTIFUL Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
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		<u> X</u>
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			37
	Schedule K. If "No," go to line 25a	24a		<u> X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
له	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	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	200		
~	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		X
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):			
	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		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			77
	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	30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>		
-	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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		<u> </u>
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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
Par	Note. All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
	<u> </u>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		.03	.40
	Enter the number of Forms W-2G included in 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			
	(gambling) winnings to prize winners?	1c		
832004	12-31-18	Form	990	(2018)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 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 contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

832005 12-31-18

Form 990 (2018)

KEEP PEARLAND BEAUTIFUL 76-0083606 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 Section A. Governing Body and Management Yes No 13 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. 13 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	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	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	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		

Section C. Disclosure

17	Lis	t the	states	with which	а сору	of '	this	Form	990) is	required to be filed	-	NO	NE
										_				

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ADRIAN HERNANDEZ - (281) 489-2795 77584

Form **990** (2018)

5800 MAGNOLIA ST, PEARLAND,

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.

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(do	not cl	Posi	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		Lei an	uau	recto	i / ii us	lee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC)	(W-2/1099-WIISO)	organization
	organizations	truste	al tru:		yee	im per		(7,2,1335,11,05)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) NATASHA CHARLES	2.00	1						1		
DIRECTOR		Х						0.	0.	0.
(2) MICHELLE CROASDAILE	2.00	l								
DIRECTOR		Х						0.	0.	0.
(3) KATHY DUPLISSEY	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(4) RICHARD ESKUCKEN	2.00									
DIRECTOR	10.00	X						0.	0.	0.
(5) ADRIAN HERNANDEZ	40.00	7.7								_
EXECUTIVE DIRECTOR	2 00	X						0.	0.	0.
(6) CHARLIE MCMURREY DIRECTOR	2.00	77						0.	0.	_
(7) HELEN SHIH	2.00	Х						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(8) BUCK STEVENS	2.00	Δ						0.	0.	· ·
DIRECTOR	2.00	Х						0.	0.	0.
(9) ANDREW MILLER	40.00							1	•	•
EXECUTIVE DIRECTOR	10.00	х						0.	0.	0.
(10) MARK ANDERSEN	2.00									
TREASURER				х				0.	0.	0.
(11) LAURA AUSTIN	2.00									
SECRETARY				Х				0.	0.	0.
(12) MARK SMITH	2.00									
PRESIDENT-ELECT				Х				0.	0.	0.
(13) DENISE WHALEY	2.00									
PRESIDENT				Х				0.	0.	0.
(14) TRACI WILLIAMS	2.00									
PAST-PRESIDENT				Х				0.	0.	0.
		-								
		4								
		-								
	<u> </u>						<u> </u>			- 000 (ss.(s)

Form 990 (2018)

(F)

	Name and title	Average hours per	box	not c	ss per	more rson i	than o	n an	Reportable compensation	Reportable compensation			timate	
		week (list any hours for related organizations below line)	ndividual trustee or director	nstitutional trustee	Officer Deficer	Key employee	Highest compensated sn.ty.va		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	C)	com fr org and	other pensa om the anizati d relate anizatio	e ion ed
		iii ie)	ııı	lus	10	Ke	Hic en Hic	요						
										. 1				
							1)					
						•								
	Sub-total Total from continuation sheets to Part VI							>	0.		0.			0.
d	Total (add lines 1b and 1c)						<u> </u>		0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				0
			\								_		Yes	No
3	Did the organization list any former officer,													77
_	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su											_		Х
5	and related organizations greater than \$150										├	4		
3	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com								ed organization or individ	dual for services		5		Х
Sec	tion B. Independent Contractors	<u>ipiete Scriedule</u>	; J 10)I SL	ICII Ļ	Jers	OII .							
1	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	6100,000 of compe	nsati	on fro	m	
	the organization. Report compensation for	the calendar ye	ear e	ndir	ıg w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(C		
	Name and business	address	NC	NE	<u> </u>			\dashv	Description of s	services	Co	ompei	nsation	<u> </u>
2	Total number of independent contractors (ii \$100,000 of compensation from the organization)		ot lin	nited	d to 1	thos	_	ted	above) who received mo	ore than				
	· · · · · · · · · · · · · · · · · · ·	-									F	orm	990 (2	2018)

832008 12-31-18

76-0083606

Form 990 (2018) KEEP PE
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ပ္ မ	1 a	Federated campaigns 1a					
ant		Membership dues 1b					
يَ ق		Fundraising events 1c	7,410.				
ifts ar A		Related organizations 1d					
nig.		Government grants (contributions) 1e					
Sig		All other contributions, gifts, grants, and					
her		similar amounts not included above	14,659.				
텵	g	Noncash contributions included in lines 1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f		22,069.			
			Business Code			1	
ø.	2 a	RECYCLING CONTRACTS	562000	415,208.	415,208.		
Program Service Revenue	b						
Ser	С						
am eve	d						
og. B	е						
Ā.	f	All other program service revenue					
		Total. Add lines 2a-2f		415,208.			
	3	Investment income (including dividends, interes	est, and				
		other similar amounts)	🕨	505.			505.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
		Gain or (loss)					
		Net gain or (loss)	······				
ē	8 a	Gross income from fundraising events (not					
le li		including \$ of					
Be		contributions reported on line 1c). See	53,247.				
Other Reven		,	7,457.				
₹		Less: direct expensesb Net income or (loss) from fundraising events	1,431.	45,790.			45,790.
		Gross income from gaming activities. See		43,730.			43,750.
	g d	Part IV, line 19 a					
	h	Less: direct expenses b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances a					
	b	Less: cost of goods sold b	2,306.				
		Net income or (loss) from sales of inventory		-2,306.	-2,306.		
ļ		Miscellaneous Revenue	Business Code	,			
ļ	11 a	MISCELLANEOUS	999999	1,023.			1,023.
	b						
	С						
	d	All other revenue					
		Total. Add lines 11a-11d		1,023.			
	12	Total revenue. See instructions		482,289.	412,902.	0.	47,318.

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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 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 13,000. 13,000. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 19,216. 2,482. 63,984. 42,286. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 114,389. 51,984. 6,714. 173,087. persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include 10,318. 4,689. 606. 15,613. section 401(k) and 403(b) employer contributions) Other employee benefits 9 19,246. 12,719. 5,780 747. 10 Payroll taxes Fees for services (non-employees): 716. 473 215 28. Management Legal 8,005. 3,638 470. 12.113. 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.) $3,\overline{459}$ 11,517. 7,611. 447. 12 Advertising and promotion 66,404. 43,886. 19,943. 2,575. Office expenses 13 10,730. 7,091. 3,223. 416. Information technology 14 15 Royalties 3,991. 1,814. 6,039. 234. Occupancy 16 6,655. 4,398. 1,999. 258. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 11,858. 7,837. 3,561. 460. Conferences, conventions, and meetings 19 5. 3. 2. 20 Payments to affiliates 21 5,154. 3,406. 1,548. 200. Depreciation, depletion, and amortization 22 7,726. 5,106. 2,320. 300. 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.) 45,110. 29,813. 13,547. 1,750. RECYCLING All other expenses 468,957. 314,332. 136,938. 17,687. 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)

art	^	Balance Sheet					
		Check if Schedule O contains a response or not	e to any line in t	his Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			470,756.	1	499,317
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated employees.	Complete			
		Part II of Schedule L		1		5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), a	nd contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) vol	untary			
,		employees' beneficiary organizations (see instr).				6	
	7	Notes and loans receivable, net		4	7		
}	8	Inventories for sale or use			8		
	9	B			9		
	10a	Land, buildings, and equipment: cost or other					
			10a	52,516.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	33,104.	24,566.	10c	19,41
	11	Investments - publicly traded securities				11	•
- 1	12	Investments - other securities. See Part IV, line				12	
- 1	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		1	14		
	15	Other assets. See Part IV, line 11)	15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		495,322.	16	518,72
	17	Accounts payable and accrued expenses		2,235.	17	12,31	
- 1	18	Grants payable			,	18	, -
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to current and former					
-	_	key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
١,	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
-		parties, and other liabilities not included on lines	-				
		Schedule D				25	
2	26	Total liabilities. Add lines 17 through 25			2,235.	26	12,31
T		Organizations that follow SFAS 117 (ASC 958					
		complete lines 27 through 29, and lines 33 an					
2	27	Unrestricted net assets			325,445.	27	340,66
	28	Temporarily restricted net assets			167,642.	28	165,75
	29					29	,
^		Organizations that do not follow SFAS 117 (A					
		and complete lines 30 through 34.	, oncon				
1	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or ed				31	
	32	Retained earnings, endowment, accumulated in				32	
	33	Total net assets or fund balances			493,087.	33	506,41
Ι,	34	Total liabilities and net assets/fund balances			495,322.	34	518,72

Form **990** (2018)

FOIII	1990 (2018) REEL LEARDAND DEAGLIFUD	70	0003000	Pa	ige •
Pa	rt 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			<u>89.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			57.
3	Revenue less expenses. Subtract line 2 from line 1	3			32.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	493	3,0	87.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	506	, 4	<u> 19.</u>
Pa	rt XII Financial Statements and Reporting	\			
	Check if Schedule O contains a response or note to any line in this Part XII				Щ
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	<u> </u>			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	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			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	, , , , , , , , , , , , , , , , , , , ,				
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scheduler in				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Auc			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ed aud	it		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

76-0083606

Name of the organization

KEEP PEARLAND BEAUTIFUL Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations

Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

Total

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	64,928.	88,430.	59,251.	108,553.	75,316.	396,478.	
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					<u> </u>		
4	Total. Add lines 1 through 3	64,928.	88,430.	59,251.	108,553.	75,316.	396,478.	
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)							
	Public support. Subtract line 5 from line 4.						396,478.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	64,928.	88,430.	59,251.	108,553.	75,316.	396,478.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	662.	183.	498.	3,599.	505.	5,447.	
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.)							
11	Total support. Add lines 7 through 10						401,925.	
12	Gross receipts from related activities,	etc. (see instruction	ns)			12		
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)		
80.	organization, check this box and stor	here					>	
	ction C. Computation of Publi			. (4)		ГТ	00.64	
	Public support percentage for 2018 (I					14	98.64 %	
	Public support percentage from 2017					15	98.66 %	
16a	33 1/3% support test - 2018. If the c							
	stop here. The organization qualifies as a publicly supported organization ▶ X							
b	33 1/3% support test - 2017. If the c	•		•		•		
	and stop here. The organization qual							
17a	17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "fac			-	•	-		
	meets the "facts-and-circumstances"							
b	10% -facts-and-circumstances test	ū				•		
	more, and if the organization meets the		·		•		·	
40	organization meets the "facts-and-circ			•	,			
18	Private foundation. If the organization	n ala not check a l	pox on line 13, 16a	a, 160, 17a, or 17b				
					Sche	edule A (Form 990	UI 99U-EZ) 2018	

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

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

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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-					4	
	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						
7a	Amounts included on lines 1, 2, and				J		
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that			1			
	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.)						
	· · · · · · · · · · · · · · · · · · ·	T					T
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 Gross income from interest,						_
102	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						_
r	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						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is fo	r the organization's	l s first second this	d fourth or fifth ta	v vear as a section	1 501(c)(3) organiz	ation .
•	check this box and stop here	· ·			•	. , . ,	·
Se	ction C. Computation of Publ						
15	Public support percentage for 2018 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2017	' Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20	318 (line 10c, colum	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2018. If the						7 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization	an did not check a!	hay an line 1/1 10	a or 10h chock th	ic hav and can inc	tructions	

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 (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 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		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
106		
10b	N E71	

Pa	Supporting Organizations (continued)		
		Yes	s 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?	a	
b	A family member of a person described in (a) above?)	
	7 1 1700 to a, b, or o, provide detail in		
Sec	tion B. Type I Supporting Organizations		
		Yes	s No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		
	controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	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,		
Sec	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
360	tion of Type it Supporting Organizations		
4	Wave a majority of the expeniention's directors by twistees during the toy year also a majority of the directors	Yes	s 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)		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations		
	asi sirai iye iii capporang organizatione	Yes	s No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	100	, 10
•	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?		
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).		
3	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.		
Sec	tion 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 year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ns)	
2	Activities Test. Answer (a) and (b) below.	Yes	s 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.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
_	activities but for the organization's involvement.	1	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
а			
	trustees of each of the supported organizations? <i>Provide details in</i> 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.

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting (Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tr	rust or	n Nov. 20, 1970 (explain in Pa	rt VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must comp			
Sect	on 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	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	1		
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	on 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-functionally in	ntegra	ited Type III supporting organi	zation (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2018

ı aı	Type in Non-Functionally integrated 509(a)(3) Supporting Orga	ilizations (continued)	Г
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	.	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2018

Name of the organization

KEEP PEARLAND BEAUTIFUL

Employer identification number

76-0083606

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

KEEP PEARLAND BEAUTIFUL

76-0083606

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WASTE MANAGEMENT 5324 OLD VISTA RD PASADENA, TX 77505	\$ 76,926.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CITY OF PEARLAND 3519 LIBERTY DR PEARLAND, TX 77581	\$ 257,009.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JOANNE KNODEL 3403 WELLBROOK CT PEARLAND, TX 77581	\$5,050.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

KEEP PEARLAND BEAUTIFUL

76-0083606

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	18	\$	990 990-F7 or 990-PF) (2018)

Name of organization **Employer identification number** KEEP PEARLAND BEAUTIFUL 76-0083606 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

KEEP PEARLAND BEAUTIFUL

Employer identification number 76-0083606

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).)
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax
_	year		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing concervat	ion cocomente during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ding of violations, and emorcing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above	vo satisfy the requirements of section 170/h	3)/4)/P)/i)
Ü			
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expenses	
Ŭ	include, if applicable, the text of the footnote to the organizar		
	conservation easements.	tion o interioral otationno that goodhood t	no organization o decodining for
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Otl	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtheran	ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018

832051 10-29-18

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

Pai	rt III Organizations	Maintaining C	collections of Art	t, Historical	Treasures, o	r Other Similar <i>i</i>	Assets (continued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items						
	(check all that apply):						
а	Public exhibition		d	Loan or	exchange progr	ams	
b	Scholarly research		е	Other			
С	Preservation for futu	re generations		_			
4	Provide a description of th	e organization's c	ollections and explain	how they furth	er the organization	on's exempt purpose	e in Part XIII.
5	During the year, did the org						
	to be sold to raise funds ra	ther than to be m	aintained as part of th	ne organization	s collection?		Yes No
Par			gements. Comple				
	reported an amount						
1a	Is the organization an ager	nt, trustee, custod	ian or other intermedi	ary for contribu	tions or other as	sets not included	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrang						
							Amount
С	Beginning balance					1c	
d	Additions during the year						
е	Distributions during the ye						
f	Ending balance						
2a							Yes No
b	If "Yes," explain the arrang	ement in Part XIII.	. Check here if the ex	planation has b	een provided on	Part XIII	
Pai	rt V Endowment Fu	inds. Complete	if the organization an	swered "Yes" o	n Form 990, Parl	t IV, line 10.	
			(a) Current year	(b) Prior yea			ars back (e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, g						
d	Grants or scholarships			A 1			
е	Other expenditures for faci						
	and programs						
f	Administrative expenses						
g							
2	Provide the estimated perc	centage of the cur	rent year end balance	(line 1g, colum	ın (a)) held as:		
а	Board designated or quasi			_%			
b	Permanent endowment		%				
С	Temporarily restricted ende	owment >	%				
	The percentages on lines 2	2a, 2b, and 2c sho	ould equal 100%.				
За	Are there endowment fund	ls not in the posse	ession of the organiza	tion that are he	ld and administe	red for the organizati	on
	by:						Yes No
	(i) unrelated organization	S					3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" on line 3a(ii), are th						
4	Describe in Part XIII the int			wment funds.			
Pai	rt VI Land, Building	s, and Equipm	nent.				
	Complete if the org	anization answere	d "Yes" on Form 990	, Part IV, line 1	a. See Form 990), Part X, line 10.	
	Description of pro	operty	(a) Cost or o	ther (b)	Cost or other	(c) Accumulated	(d) Book value
			basis (investn	nent) b	asis (other)	depreciation	
1a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment				36,078.	16,66	
е	Other				16,438.	16,43	
Total	I Add lines 1a through 1e	Calumn (d) must a	and Form OOO Dort	V asluman (D) li	no 10o l		▶ 19.412.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 KEEP PEARLAN	D BEAUTIFUL		76-0083606 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
) Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
` /			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
			7
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of Valuation: Cos	st or end-of-year market value
(1)			*
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part X line 1	5
	Description	Tra. Goot offit Goo, Fart X, into T	(b) Book value
	ACCOMPLICIT		(S) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990. Part X. col. (B) line	15.)		▶
Part X Other Liabilities.	· · · ·		
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X	. line 25.
(a) Description of liability		(b) Book value	,
(1) Federal income taxes			
. ,			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

(9)

Complete if the organization answered "Yes" on Form 990, Pa			
1 Total revenue, gains, and other support per audited financial stateme	ents	1	492,052.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	492,052.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b		2.752	
b Other (Describe in Part XIII.)	4b	-9,763.	0 560
c Add lines 4a and 4b			<u>-9,763.</u>
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. Part XII Reconciliation of Expenses per Audited Finance	line 12.)	5	482,289.
		expenses per Return.	•
Complete if the organization answered "Yes" on Form 990, Pa			470 700
1 Total expenses and losses per audited financial statements		1	478,720.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities			
b Prior year adjustments			
c Other losses		9,763.	
d Other (Describe in Part XIII.) e Add lines 2a through 2d			9,763.
e Add lines 2a through 2d 3 Subtract line 2e from line 1			468,957.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			100/30/1
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part			468,957.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines			line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr	ovide any additional informa	tion.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
TIME AT, BINE 4B CHIER INCOMINENTS.			
COST OF GOODS SOLD - PLANTS FOR RESALE	<u> </u>		-2.306.
DIRECT EXPENSES - FUNDRAISING			-7,457.
			•
TOTAL TO SCHEDULE D, PART XI, LINE 4B			-9,763.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	}		
COST OF GOODS SOLD - PLANTS FOR RESALE	3		2,306.
DIRECT EXPENSES - FUNDRAISING			7,457.
	,		0 763
TOTAL TO SCHEDULE D, PART XII, LINE 21	J		9,763.

Schedule D (Form 990) 2018

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

compensated at least \$5,000 by the organization.

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization		Employer identification number				
KEEP PEARLAND BE	76-0083606					
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not						
required to complete this part.						
1 Indicate whether the organization raised funds through	any of the following activities. Check all that apply.					
a Mail solicitations	e Solicitation of non-government grants					
b Internet and email solicitations	f Solicitation of government grants					
c Phone solicitations	g Special fundraising events					
d In-person solicitations						
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or						
key employees listed in Form 990. Part VII) or entity in	connection with professional fundraising services?	Ves No				

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundi have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
	$\langle \langle \lambda \rangle \rangle$					
Total			•			
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration

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

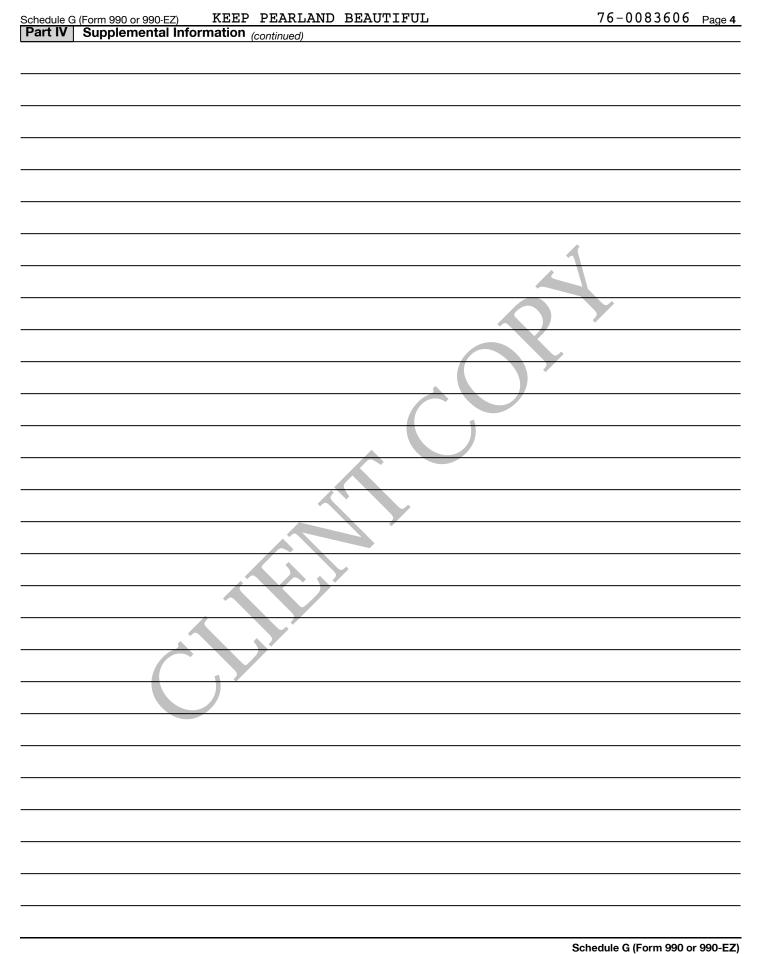
Schedule G (Form 990 or 990-EZ) 2018

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through POCKET PEAR PLANT THYME col. (c)) (event type) (event type) (total number) 27,990. 18,227. 7,030. 53,247. 1 Gross receipts 2 Less: Contributions 27,990. 7,030. **3** Gross income (line 1 minus line 2) 18,227. 53,247. 4 Cash prizes 5 Noncash prizes 46. 46. Direct Expenses 600. 610. 1,210. 6 Rent/facility costs 1,977. 286. 1,691. 7 Food and beverages 1,390. <u>1,</u>690. 300 8 Entertainment 422. 466. 646. 2,534. Other direct expenses 7,457. **10** Direct expense summary. Add lines 4 through 9 in column (d) 45,790. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

Sch	edule G (Form 990 or 990-EZ) 2018 KEEP PEARLAND BEAUTIFUL	76-00	083606	Page 3
11			Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
			13b	
	An outside facility		เงม	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	·S:		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization	unt		
	of gaming revenue retained by the third party \$\bigs\\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
	Address			
16	Coming manager information:			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Carring manager compensation • • • • • • • • • • • • • • • • • • •			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	ratain the state gaming license?		Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the		
_	organization's own exempt activities during the tax year > \$	1 1110		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III lines 0	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	andrait	III, III 103 0,	55, 105,
	13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.			



SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047 **2018**

Open to Public Inspection

Name o	of the organization		D.T. D.I.I.					Employer identification number
Part I	KEEP PEAR General Information on Grants a		LILOP					76-0083606
	oes the organization maintain records t							
	riteria used to award the grants or assis							X Yes No
2 D	escribe in Part IV the organization's pro						(sell on Faura 000, David	IV line Of for our
I di Ci	Grants and Other Assistance to recipient that received more than S	=				janization answered Y	es on Form 990, Pari	iv, line 21, for any
1/	a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Burnoss of grant
	or government	(b) EIN	(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	(h) Purpose of grant or assistance
		4						
2 E	nter total number of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table				>
3 E	nter total number of other organizations	s listed in the line 1	table					
LHA I	For Paperwork Reduction Act Notice	, see the Instruction	ons for Form 990.					Schedule I (Form 990) (2018)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
JOE MILLER SCHOLARSHIP	5	13,000.	0.	N/A	N/A
				0	
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	ne 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION MONITORS SCHOLARS	SHIP FUNDS	BY REQUES	STING UNIVE	RSITY	
ENROLLMENT AND TUITION STATEMENTS.					

SCHEDULE 0

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 Inspection

Name of the organization

KEEP PEARLAND BEAUTIFUL

Employer identification number 76-0083606

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE CITY OF PEARLAND, TEXAS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THE AUDITOR ALLOCATED EXPENSES BASED ON A 3-YEAR TREND OF PERCENTAGES
BETWEEN PROGRAM, M&A AND FUNDRAISING EXPENSES. THERE IS NOT A WAY FOR
THE TAX PREPARER TO KNOW THE BREAKOUT OF EXPENSES BY PROGRAM. \$314,332
IS THE TOTAL EXPENSES FOR ALL THREE PROGRAMS.
EXPENSES \$ 314,332. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FINANCE COMMITTEE REVIEWS THE 990 BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REGULARLY REVIEWS AND MONITORS COMPLIANCE WITH POLICIES.
FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE DIRECTOR IS INDEPENDENTLY REVIEWED BY COMMITTEE APPOINTED BY
BOD.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION PROVIDES PROVIDES INFORMATION ON ITS OWN WEBSITE AND ON
WWW.GUIDESTAR.COM.