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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

SEPTEMBER 30, 2020

KEEP BRAZOS BEAUTIFUL, INC. 1713 BROADMOOR DRIVE NO. 302 BRYAN, TX 77802
MILBERGER, NESBITT & ASK, L.L.P. 3833 S TEXAS AVE, STE 240 BRYAN, TX 77802
NOT APPLICABLE
NOT APPLICABLE
NOT APPLICABLE
NOT APPLICABLE
THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form	88	79.	-EC)
Form	00	15		

***** THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning OCT 1 , 2019, and ending SEP 30 , 20 20

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.

2019

Department of the Treasury Internal Revenue Service

Name of exempt organization

Employer identification number

_***

KEEP BRAZOS BEAUTIFUL, INC.

Name and title of officer

DWAYNE RAYMOND PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here b X b Total revenue, if any (Form 990-EZ, line 9)	2b	94,387.
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X Lauthorize MILBERGER, NESBITT & ASK, L.L.P. ERO firm name	to enter my PIN	43423 Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature ► **** THIS IS NOT A FILEABLE COPY *** Date ►		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros		
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Me <i>e-file</i> Providers for Business Returns.		
ERO's signature ► MILBERGER, NESBITT & ASK, L.L.P. Date ► 01	/14/22	
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	o So	
LHA For Paperwork Reduction Act Notice, see instructions.	For	m 8879-EO (2019)

923051 10-03-19

09380114 767526 43423

EXTENDED TO AUGUST 16, 2021 Short Form	OMB No. 1545-0047
Form 990-EZ Return of Organization Exempt From Income Tax	
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundat	
Do not enter social security numbers on this form, as it may be made public.	
Department of the Treasury	Open to Public
Internal Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information.	Inspection
A For the 2019 calendar year, or tax year beginning OCT 1, 2019 and ending SEP 30,	
B Check if applicable: C Name of organization D Employ	ver identification number
	_ * * * * * * *
Name change Number and creat (or D 0 hov if mail is not delivered to street address) Deem/suite E Talanha	
	9-775-3569
	Exemption
BRYAN, TX 77802	
Approved by the second s	▶ ☐ if the organization is
	uired to attach Schedule B
J Tax-exempt status (check only one) $-$ X 501(c)(3) 501(c) () \triangleleft (insert no.) 4947(a)(1) or 527 (Form S	990, 990-EZ, or 990-PF).
K Form of organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔄 Other	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,	
column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for	,
Check if the organization used Schedule O to respond to any question in this Part I	1 107,574.
1 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2	
3 Membership dues and assessments 3	
4 Investment income SEE SCHEDULE O	0.0 -
5a Gross amount from sale of assets other than inventory 5a	
b Less: cost or other basis and sales expenses 5b	
c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5	c
6 Gaming and fundraising events:	
a Groop income from gaming (attach Schedule C if grooter than	
a \$15,000) 6a	
a Gross income from fundraising events (not including \$ b Gross income from fundraising events (not including \$	
from fundraising events reported on line 1) (attach Schedule G if the sum of such	
gross income and contributions exceeds \$15,000) 6b 10, 367.	
c Less: direct expenses from gaming and fundraising events 6c 24,361.	12 004
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	d -13,994.
7a Gross sales of inventory, less returns and allowances 7a	
b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7	
c Gross profit or (loss) from sales of inventory (subtract line /b from line /a) 7 8 Other revenue (describe in Schedule 0) 8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	04 007
10 Grants and similar amounts paid (list in Schedule 0)	
11 Benefits paid to or for members	1
	-
2 13 Professional fees and other payments to independent contractors	-
Image: Set schedule Set schedule Image: Set schedule	
15 Printing, publications, postage, and snipping	
16 Other expenses (describe in Schedule 0) SEE SCHEDULE O	
17 Total expenses. Add lines 10 through 16	-
18 Excess or (deficit) for the year (subtract line 17 from line 9)	8 -62,793.
 Provide a set of (denote) for the year (from line 27, column (A)) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 	9 176,977.
Yes (must agree with end-of-year figure reported on prior year's return) 1 Yes 20 Other changes in net assets or fund balances (explain in Schedule O) 2	A
2 20 Other changes in her assets of full balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	
LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (2019)

Forn	1 990-EZ (2019) KEEP BRAZOS BEAUTIFUL, IN	IC.		**_	* * * * *	* *	Page 2
Pa	art II Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to res	pond to any questio	n in this Part II				X
			(A) Beginning of year			nd of ye	
22	Cash, savings, and investments		175,469	• 22	. ,	113	,569.
23	Land and buildings		,	23			
24	Other assets (describe in Schedule 0) SEE SCHEDULE C)	2,031			1	441.
24			177,500	• 24			,010.
	Total assets Total liabilities (describe in Schedule 0) SEE SCHEDULE O	······	523	• 25		115,	826.
26			176,977			111	184.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)			• 27			
Pa	art III Statement of Program Service Accomplishmen		,		Ex (Required)	penses	
	Check if the organization used Schedule O to res		n in this Part III	X	501(c)(3)		
Wha	t is the organization's primary exempt purpose? SEE SCHEDULE C)			organizatio		
	ribe the organization's program service accomplishments for each of its three largest program		ses. In a clear and concise		others.)		
	er, describe the services provided, the number of persons benefited, and other relevant inform						
28	PROMOTION OF PUBLIC INTEREST AND PR	IDE IN ENVIR	ONMENTAL				
	IMPROVEMENT AND BEAUTIFICATION						
	(Grants \$) If this amount includes foreign g	grants, check here			28a	157,	,179.
29	<u>, </u>		· · ·				
	(Grants \$) If this amount includes foreign g	arants, check here			29a		
30					200		
00							
			>	<u></u> 1	20.0		
	(Grants \$) If this amount includes foreign g				30a		
31	Other program services (describe in Schedule O)						
	(Grants \$) If this amount includes foreign g				31a	1	1 7 0
32	Total program service expenses (add lines 28a through 31a)	·····		🕨			,179.
Pa	Int IV List of Officers, Directors, Trustees, and Key E			see the	instructions for	or Part IV)	
	Check if the organization used Schedule O to res		n in this Part IV				📖
		(b) Average hours	(C) Reportable		alth benefits, ibutions to		stimated
	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	emplo	yee benefit and deferred		t of other
		position	(if not paid, enter -0-)	com	pensation	comp	ensation
-	AYNE RAYMOND						
PR	ESIDENT	1.00	0.		0.		0.
DE	BORAH CLAYTON						
TR	EASURER	1.00	0.		Ο.		0.
PR	ISCILLA GARCIA						
SE	CRETARY	1.00	0.		0.		Ο.
AT	YSSA HALLE-SCHRAMM				-		
	TY OF COLLEGE STATION RE	1.00	0.		Ο.		0.
	NCY BERRY	1.00					
	AZOS COUNTY REP	1.00	0.		Ο.		0.
	RED BIRKHEAD	1.00	0.		0.		0.
		1 00	0		0		0
	TY OF BRYAN REP	1.00	0.		0.		0.
-	NDILYN MCLEAN	1 00			0		•
	RECTOR	1.00	0.		0.		0.
	RA MIRZA						-
	RECTOR	1.00	0.		0.		0.
	BBY MIRZA						
	RECTOR	1.00	0.		0.		0.
RE	GINALD WALKER						
DI	RECTOR	1.00	0.		Ο.		Ο.
MA	NUELITA URETA						
	RECTOR	1.00	0.		0.		0.
	THRYN HITT						
	ST PRESIDENT	1.00	0.		Ο.		0.
	72 12-11-19	1 100				990_F	Z (2019)
9321	12 12-11-18					000-E	<u>د (۲۵۱۶)</u>

09380114 767526 43423 2019.06030 KEEP BRAZOS BEAUTIFUL, INC. 43423__1

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Form 990-EZ	(2019)	KEEP	BRAZOS	BEAUTIFUL,	INC.		**_**	* * * *
Part V	Other In	nformati	on (Note th	e Schedule A and	d personal	benefit contract	statement requiremen	ts in the

3 Did the organization engage in any significant activity not previously reported to the IRS? If Yes," provide a detailed description of each activity in Schedule 0. 33 X 4 Were any significant charge made to the organization organization activity in Schedule 0. 33 X 5 Were any significant charge made to the organization's name. Otherwise, explain the charge on Schedule 0. 34 X 5 Bit Did the organization have insteled to barses grass increme 015(200 armore during the year from basistes activities (such as these reported, and provy tax requirements for the year?) 36 X 6 Wire any significant charge made to the organization as back to section 6035(e) notice, reporting, and provy tax requirements for the organization activity of Schedule 0. 36 X 5 Did the organization is schedule 0. 37 37 36 X 7 Inter annound to barry for an index any basis to any officer. (intertor, fustee, or key employee, or one any such loans made in a proxy sax index on the site any basis to any officer. (intertor, fustee, or key employee, or one any such loans made in a proxy sax index on the site any basis to any officer. (intertor, fustee, or key employee, or one any such loans made in a proxy sax index on the site any basis to any officer. (intertor, fustee, or key employee, or one any such loans made in the organization activity is any such loans made in the site any basis to any officer. (intertor, fustee, or key employee, or one any such loans any of any any any and salid catability any any and sa		instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	s Parl	: V	X
activity in Schedule 0 33 X 4 Wee any split cut hanges made to the organization is name. Otherwise, explicit the dynamics of Cover the amended documents of they reflect a change to the explicit cut is a transe. Otherwise, explicit the dynamics of Cover the amended documents of they reflect a change to the explicit cut is a transe. Otherwise, explicit the dynamics of Cover the amended documents of they reflect a change to the explicit cut is a transe. Otherwise, explicit the dynamics of Cover the amended documents of they reflect a change to the explicit cut is a transe. Otherwise, explicit the dynamics of Cover the amended documents of they reflect a change to the explicit cut is a transe. Otherwise, explicit the dynamics of Cover the amended documents of the regulation is cover the dynamics. Schedule 0. See instructions 33 X 34 X 35 Diff the organization activity of Dir((d) coverts of the dynamics. Schedule 0. 365 N/A 35 Diff the organization activity of Dir(d) coverts of Direck direct, the dynamics. The dynamics of Direck direct and dynamics. Schedule 1. 36 X 36 X 36 X 36 X 37 X 38 N/A 38 X 38 Direck organization. Schedule 1. 38 N/A 38 X 38 Direck organization. Schedule 1. 38 N/A 38 X 38 Schedule 1. Y				Yes	No
active a Schedule 0 33 X 4 Wee any synchronic of have smalled business process income 0\$1,000 or more during the year from business activities (such as those reported on lines 2, as, and 7, and mong other sons income 0\$1,000 or more during the year from business activities (such as those reported on lines 2, as, and 7, and mong other sons 100,000 or more during the year from business activities (such as those reported on lines 2, and 7, and 7, and mong other (1, 6),000 (1	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
34 We any significant changes made to the organization of governing documents? If "Yes," attach a conformed using the predict attacking to the organization state to the organization state to the organization state to account of \$1,000 or more during the year from business activities (such as those reported on line 32, 6a, and 14, a mong others)? 35 bit the organization is de a form 990-15 for the year? If No," provide an explanation in Schedule 0. 36 bit the organization account of \$1,000 or more during the year from business activities (such as those reporting. and provide an explanation in Schedule 0. 36 bit the organization account of \$1,000 or more during the year from business activities (such as those reporting. and provide an explanation in Schedule 0. 36 X 35 bit the organization is deen table. Form 11 36 X 36 X 36 bit the organization is form 120-00 tor in sign of the run? bit the organization is form 120-00 tor in sign of the run? 37 ask X 37 bit the organization is form 120-00 tor in sign of the run? bit the organization is form 120-00 tor in sign of the run? 38 X 38 bit the organization is form 120-00 tor in sign of the run? 0. 37 bit the organization is form 120-00 tor in sign of the run? 38 X 39 bit the organization is and capta in the organizatin diverse of the run anot in worked in a pave run an			33		х
documents if they reflect a change to the organizator's name. Otherwise, explain the change on Schedule O. See instructions 34 X 35 a Dift the organization have unreflect business goes income of \$1,000 or more during the year form business activities (such as those reported in the 2, 6a, and 7a, among others)? 35a X b If Yes's to line 32a, has the organization field a Form 390-T for the year? If Yes', provide an explanation in Schedule O. 35b N/A 35a Dift the organization ascinction 50(ch) 50(c) for 50(c)(c) organization subject to section GOSQ) on tote, reporting, and proxy tax requirements during the year? If Yes', complete schedule 0, FAT II 35c X 35a Dift the organization integration form (120-POL for thit year? 36 X 37a Eiter amonut on folicial expenditues, direct or infined, as described in the instructions 37a C+ 37b B If the organization form of non ranke any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior yeart taxino file form 1120-POL for thit year? 37b X 38a N/A 38a N/A 38a N/A 39 Section 501(c)(3) organizations. Enter amount in another explorition any of the provide ware dollab for the organization engage in any section 485b 0 0 40a Section 501(c)(3).501(c)(4), and 501(c)(290 organizations. Enter amount of tax imposed	34				
35a Dth the organization keys unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35b X b 11*es: to bin 33a, has the organization line a Form 990-1 for the year? 11 %o, "provide an explanation in Schedule 0. 35b X b 11*es: to bin 33a, has the organization line a Form 990-1 for the year? 11 %o, "provide an explanation in Schedule 0. 35b X 37a Dtar amoent of political expenditures, direct or infiret; as described in the instructions. 17a 0. 35b 37a Dtar amoent of political expenditures, direct or infiret; as described in the instructions. 17a 0. 38b X 38a Dt1*es; complets Schedule 1, Part 11, and enter the total amount involved. 38b N/A 38c X 38a Dt1*es; for political disposition included on line 9	•••		34		x
on mess 2.6a, and 7a, among others)? 35a X b If Yes's to miss 3, has the organization field a Cmy 990-T for the year? If Yes, 'provide an explanation is Schedule 0. 35b N/A c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes,' complete Schedule C, Part II 36c X 37a Drift en organization androgs a buildion, dissolution, internation, ariginitiant disposition of net assets during the year? If Yes,' complete Schedule C, Part II 37a 0. 37a 37a </td <td>35 a</td> <td></td> <td>04</td> <td></td> <td></td>	35 a		04		
b 1 % sto to ine 33a, has the organization in the form 990-1 for the year? If % is provide an explanation in Schedule 0 365 N/A c Was the organization a section 501 (c)(4), 501 (c)(5), or 501 (c)(5), or 501 (c)(7), 970 (c)(5), or 501 (c)(7), 970 (c)(7),	JJa		25.0		v
c Wish the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax 356 X 38 Dut the organization undergo a liquidation, dissolution, termination, y significant disposition of net assets during the year? If Yes," complete apblicable parts of Schedule N 37a 0 37b X 39 Diff the organization in Febro 1120+P0L to this year? 37b X 38a X 39 Diff the organization in Febro 1120+P0L to this year? 37b X 38a X 39 Diff the organization in Febro 1120+P0L to this year? 38b N/A 38a X 39 Section 501(c)(7) organizations. Enter: 38b N/A 38a X 30 Bott section 501(c)(7) organizations. Enter: 38b N/A 38a N/A 30 Bott section 501(c)(7) organizations. Enter 0.: section 4912 0.: section 4915 0. 40 Section 501(c)(7) organizations. Enter 0.: section 4912 0.: section 4915 0. 40 Section 501(c)(7), 001(c)(3), 001(c)(4), and 501(c)(2) organizations. Enter amount of tax inposed on the organization during the save and bott be dialities as the organization mapages or didguiled persons during the year unter deamset 4.				NT /	
requirements during the year? II 'Yes,' complete Schedule (, Part III 36 36 X 36 Did the organization undergo a liquidation, dissolution, err significant disposition of net assets during the year? II 'Yes,' 37 37 A the arrown of pointical expenditures, direct or indirect, as described in the instructions 37 A 37 A 0.+ 38 X 38 X 37 A the arrown of pointical expenditures, direct or indirect, as described in the instructions 137 0.+ 37 A X 38 X 38 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a ptor year and sult outstanding at the end of the taxy vaccovered by this return? 38 X 39 Section 501(c)(2) organizations. Enter 38 N/A 38 X 30 Section 501(c)(2) organizations. Enter 0 ; section 4955 0 6 6 0 6 6 0 6 6 0 6 6 0 6 0 6 0 6 0 6 0 6 0 6 0 6 0 6 0 0			300	11/	A
38 Dit the organization undergo a liquidation, desculution, er significant disposition of net assets during the year? If Yes," complete applicable parts of Schedule N 38 X 37 Enter anount of political parts of Schedule N 37 10 37 37 X 38 Dit the organization file Form 1120-POL for this year? 10	C				77
complete applicable parts of Schedule N 38 X 37e Enter amount of pollical expenditures, direct or indirect, as described in the instructions 37a Stra 0. 37e Bit the organization fue form 1120-POL for this year? X 38a X 38a Did the organization fue form 1120-POL for this year? X 38a X 38 Did the organization fue form 1120-POL for this year? X 38a X 38 Did the organization fue form 1120-POL for this year? 38b N/A 38 Section 501(c)(7) organizations. Enter 38b N/A 39 Section 501(c)(3), 501(c)(4), 301(c)(2) organizations. Enter amount of the organization engage in an excess benefit transaction during the year order: 0. 38b 0. 40b X Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4958, and 4988 0. 0. 40b X Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization angale and section 4912, 4958, and 4988 0. 0. 41 List the states with which a corp of this return is filed NONE 1. 1. 1.<			350		<u> </u>
372 Cnter amount of political expenditures, direct or indirect, as described in the instructions > 372 0. 373 0. b Did the organization for Norm A and any ans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 386 N/A 380 Diff the organization borrow hours, or make any basis to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 386 N/A 390 Borros receipties Schedule (-) and by or public use of club facilities 398 N/A 390 BOR //A 398 N/A 391 Borros receipties Schedule (-) and by or public use of club facilities 398 N/A 392 BOR //A 0. ; section 4912 0. ; section 4912 0. 402 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization manages or disputiel Schedule L, PU PL //A 0. X 403 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Their amount of tax imposed on organization manages or disputiel schedule L, PU PL //A 0. X 404 List the states with which a cozy of this return is filed ► NONE 100 X </td <td>36</td> <td></td> <td></td> <td></td> <td></td>	36				
b Did the organization file Form 1120-POL for this year? 37b X 38a Did the organization borrow from, or make any tans to, any officer, director, trustee, or key employee, or were any such homs made in a prior year and still outsidening at the end of the key year covered by this return? 38b N/A 38a Did the organization borrow from, or make any tans to, any officer, director, trustee, or key employee, or were any such homs made in a prior year and still outsidening at the end of the key year covered by this return? 38b N/A 38a Mither organization. Enter amount of tax imposed on line 9 39b N/A 38a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization ongang in any sector 4856 key excess benefit transaction during the year, of did le roganizations. Enter amount of tax imposed on organization engang in any sector 4856 key excess benefit transaction of uring the year, or did le roganizations. Enter amount of tax imposed on organization engang in a prior year that has not been reported on any of this prior forms 990 or 900-F22 ff "%s," complete Schedule L, Part I 0, X c Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization engang in a prior year that has not been reported on any of tax prior forms 990 or 900-F22 ff "%s," complete Schedule L, Part I 0, 40b X c Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization enganization enganization enganization enganization engani					X
38a Did the organization borow form, or make any loans to, any officer, director, trustee, or key employee; er were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A 39 Bottom 501(c)(7) organizations. Enter: a linitiation fees and capital contributions included on line 9, b Gross receipts, included on line 9, for public use of club facilities 38b N/A 30a	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
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See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 442 444 444 444 444 444 444 44		,	42b		X
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If "Yes," enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▲ 43 N/A 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ ▲ 44a X b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ ▲ 44a X c Did the organization receive any payments for indoor tanning services during the year? 44c X d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 44d 44d 45a Did the organization neceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b Image: Complete instead of State					
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512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions					
	2		45b		
				90-EZ	(2019)

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orm 990-EZ (2	2019) KEEP BRAZOS BEA	UTIFUL,	INC.			**_	* * * * *	* *		Page
·									Yes	No
Did the o	rganization engage, directly or indirectly, in pol	itical campaign act	tivities on behalf of c	or in oppositic	on to candidates fo	r public of	fice?			
lf "Yes," c	omplete Schedule C, Part I							46		X
t VI	Section 501(c)(3) Organizations	s Only								
	All section 501(c)(3) organizations must a	answer questions	s 47-49b and 52, a	and complet	te the tables for	lines 50 a	and 51.			
	Check if the organization used Schedule	O to respond to	any question in t	his Part VI						
		•	.						Yes	No
Did the o	rganization engage in lobbying activities or hav	e a section 501(h)	election in effect du	iring the tax y	ear? If "Yes," com	lete Sch.	C, Part II	47		X
s the org	anization a school as described in section 170	(b)(1)(A)(ii)? If "Ye	es," complete Sched	ule E				48		Х
	rganization make any transfers to an exempt no							49a		Х
	as the related organization a section 527 organ							49b		
	this table for the organization's five highest co							ch re	ceived	more
than \$10	0,000 of compensation from the organization. I	lf there is none, en	ter "None."							
	(a) Name and title of each employee		(b) Avera	ge hours	(C) Reportable		alth benefits,	(e)Estim	ated
			per week o		compensation (For W-2/1099-MISC	emplo	ibutions to byee benefit		ount of	
	NON	Έ	posi	tion		pians,	and deferred pensation	CO	mpens	ation
					1					
					+					
						_				
Total nun	nber of other independent contractors each rec	eiving over \$100,0			►					
Did the o	rganization complete Schedule A? Note: All sec	ction 501(c)(3) org	ganizations must atta	ach a						
complete	d Schedule A					<u></u>	🕨 🛛	: Ye	s	No
	s of perjury, I declare that I have examined this						y knowledg	je and	d belief	, it is
•	nd complete. Declaration of preparer (other tha				-					
Í	•	,								
yn 🖊	Signature of officer					Date				
re	DWAYNE RAYMOND, PRE	SIDENT								
I	Print/Type preparer's name	Preparer's signat	ture	Date	Check	if	PTIN			
ч					self- em	ployed				
d	RUSSELL ARMAGOST	RUSSELL	ARMAGOST	01/14	4/22		P004	32	687	
				EIN 🕨 *	*_***					
e Only	Firm's address ► 3833 S TEXA		TE 240		Phone		79)-8	22	-01	75
	BRYAN, TX 7	•	•				_ , •			~
the IRS di	-		19				► X	Ye	s	No
	above and return with the proparer showil above									
iay the IKS di	scuss this return with the preparer shown abov	ver See Instruction	15						s 90-EZ	(2)

932174 12-11-19

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990	-EZ)
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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
2019
Open to Public Inspection

Name of the	organization
-------------	--------------

Employer identification number * * _ * * * * * * *

				AUTIFUL, INC					*_*****
Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions	6.	
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 12, c	check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)([.]	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative					ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental u	ınit descrik	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Ily receives a substa	antial part of its support f	from a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	rant college of agric	culture (see instructions).	Enter the	name, city	y, and state of	the colleg	e or
		university:							
10	X	An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	nd gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section §	5 09(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete line	s 12e, 12f, and	d 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), 1	ypically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or truste	es of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functiona	lly integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection v	with its suppo	ted organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	d an attent	iveness
		requirement (see instruct	ions). You must cor	nplete Part IV, Sections	s A and D,	and Part	V .		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tota	<u> </u>								l

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 5

Schedule A (Form 990 or 990-EZ) 2019 KEEP BRAZOS BEAUTIFUL, INC. Part II

_**** Page 2

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4							
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4		((-/	(-) =	(-/	(1)
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi				12	
	First five years. If the Form 990 is for	-		rd fourth or fifth t			
10	organization, check this box and stop	-			-		
Sec	ction C. Computation of Public	ic Support Pe	rcentage				
	Public support percentage for 2019 (I			column (f))		14	%
	Public support percentage from 2018					15	%
	33 1/3% support test - 2019. If the c						
100	stop here. The organization qualifies	-					
h	33 1/3% support test - 2018. If the c						
~	and stop here. The organization quali						
17-	10% -facts-and-circumstances test						
17 a							
	and if the organization meets the "fac			-	-	-	
1-	meets the "facts-and-circumstances"						
D	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
10	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	п ий пот спеск а		a, 100, 17a, 0117			ns ▶∟_

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 KEEP BRAZOS BEAUTIFUL, INC.

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	130,108.	115,856.	135,013.	84,874.	93,580.	559,431.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	130,108.	115,856.	135,013.	84,874.	93,580.	559,431.
	Amounts included on lines 1, 2, and		-		•		
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
_	amount on line 13 for the year						0.
	Add lines 7a and 7b						559,431.
8 Sec	Public support. (Subtract line 7c from line 6.)						555,451.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(0) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	130,108.	115,856.	(c) 2017 135,013.	84,874.	93,580.	559,431.
	Gross income from interest,	20072001			01/0/10	55,5000	
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	318.	384.	506.	822.	807.	2,837.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	318.	384.	506.	822.	807.	2,837.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)	130,426.	116,240.	135,519.	85,696.	94,387.	562,268.
	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
		U U		· · ·	2		
Sec	ction C. Computation of Publ						
15	Public support percentage for 2019 (line 8, column (f), d	livided by line 13,	column (f))		15	99.50 %
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	99.59 %
Sec	ction D. Computation of Investion	stment Incom					
17	Investment income percentage for 20)19 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.50 %
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	.41 %
19a	33 1/3% support tests - 2019. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	upported organiza	ition) X
b	33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	eck this box and st e	op here. The orga	nization qualifies a	s a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	iis box and see ins	structions	
93202	23 09-25-19			7	Sche	edule A (Form 990) or 990-EZ) 2019
				1			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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.)

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Schedule A (Form 990 or 990-EZ) 2019

8

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
-	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	2		
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		165	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 yeatsee instructions			
a	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		
932025	5 09-25-19 Schedule A (Form 9	90 or 99	90-EZ	2019

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	

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

Schedule A (Form 990 or 990-EZ) 2019

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
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	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
-	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
-	Excess from 2016			
-	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			(Form 000 or 000 EZ) 2010

Schedule A (Form 990 or 990-EZ) 2019

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Part VI Sup	990 or 990-EZ) 2019 KEEP plemental Information	Provide the explanations	required by Part II line	** _ * * * * 10; Part II, line 17a or 17b; Part III, line	12:
Part	V. Section A. lines 1, 2, 3b, 3c	c. 4b. 4c. 5a. 6. 9a. 9b. 9c.	11a, 11b, and 11c; Part	IV. Section B. lines 1 and 2: Part IV. Se	ection C.
line 1	; Part IV, Section D, lines 2 an	nd 3; Part IV, Section E, line	es 1c, 2a, 2b, 3a, and 3b	; Part V, line 1; Part V, Section B, line 1	e; Part \
Sect (See	on D, lines 5, 6, and 8; and Pa nstructions.)	art V, Section E, lines 2, 5,	and 6. Also complete th	s part for any additional information.	
(000					
2028 00 25 10				Schedule A (Form 990 or	000-57
2028 09-25-19			12	Schedule A (Form 990 Of	330-EZ
30114 76	526 43423	2019 0603		S BEAUTIFUL, INC. 43	3423

Department of the Treasury Internal Revenue Service Name of the organization

or 990-PF

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

2019

Employer identification number

	KEEP BRAZOS BEAUTIFUL, INC.	**_****
Organization type(ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	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, 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

	B (Form 990, 990-EZ, or 990-PF) (2019)		Pag
Name of o	organization		Employer identification number
KEEP	BRAZOS BEAUTIFUL, INC.		**_****
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
1	BRAZOS COUNTY		Person X Payroll
	<u>300 E 26TH STREET</u> BRYAN, TX 77803	\$14,0	00. Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
2	CITY OF BRYAN		Person X
	300 SOUTH TEXAS AVENUE	\$49,00	OO. Payroll OO. Noncash (Complete Part II for
	BRYAN, TX 77803		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
3	CITY OF COLLEGE STATION		Person X Payroll
	P O BOX 9960 COLLEGE STATION, TX 77842	\$37,4	50. Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(Complete Part II for noncash contributions.)

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923452 11-06-19

14 2019.06030 KEEP BRAZOS BEAUTIFUL, INC. 43423_1

Name of organization

Employer identification number

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KEEP BRAZOS BEAUTIFUL, INC.

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II

(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
		 \$	

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Page **4**

	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) t	brough (a) and the following line a	try For organi	zations
	completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional s	aritable, etc., contributions of \$1,000 o	IESS for the yea	r- (Enter this info. once.) 🕨 \$
n) No. From Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
 - -		(e) Transfer of gi	 	
-	Transferee's name, address, and	3 ZIP + 4	Relati	onship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gi		
-	Transferee's name, address, and	d ZIP + 4	Relati	onship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
_ 		(e) Transfer of gi		
-	Transferee's name, address, and	1 ZIP + 4	Relati	onship of transferor to transferee
i) No. rom Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
- 				
	(e) Tra Transferee's name, address, and ZIP + 4			onship of transferor to transferee
-				

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				or 19	, or if the	2019
Department of the Treasury		Attach to Form 990			-			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr				ion.		Inspection
Name of the organizatio		AZOS BEAUTIFUL, IN	C				Employer ide	ntification number
Part I Fundrais		Complete if the organization answe		es" o	n Form 990, Part IV,	line 1	I 17. Form 990-E2	Z filers are not
required to	complete this par	t.						
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list b If "Yes," list the 10 	tions I email solicitations itations blicitations on have a written o ted in Form 990, P D highest paid indiv	f ☐ Solicitat g X Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue rofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
compensated at le	east \$5,000 by the	organization.						
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		on is registered or licensed to solicit of		outions	s or has been notified	d it is	exempt from r	egistration
		ion and the Instructions for Former	000	000	-7 /	Cab -	dula C /Earra C	
		ice, see the Instructions for Form	ອອບ or	220-l	L <u>Z</u> . 3	scrie	uule G (Form S	990 or 990-EZ) 2019

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Schedule G	i (Form 990 or 990-EZ) 2019	KEEP	BRAZOS	BEAUTIFUL,	INC.	**_*****	Page
Part II	Fundraising Events.	Complete	e if the organiz	ation answered "Yes"	on Form 990	, Part IV, line 18, or reported more than \$15	5,000
	of fundraising event contri	hutions ar	nd aross incon	ne on Form 990-F7 lin	es 1 and 6h	List events with gross receipts greater than	\$5,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SPECIAL			(add col. (a) through
			EVENTS			-
			(event type)	(event type)	(total number)	col. (c))
iue				(ovone typo)	(cotal Hambol)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				<u> </u>
	4	Cash prizes				
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	-	Entertainment				
	9	Other direct expenses	a :			
		Direct expense summary. Add lines 4 through				
Pa		Net income summary. Subtract line 10 from I				
Гd	ILI		answered "Yes" on Forr	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(a) Tatal manaima (a dal
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
eve						
щ	4	0				
		Gross revenue				
	1	Gross revenue				
Ises		Gross revenue				
xpenses		Cash prizes				
ct Expenses	2 3	Cash prizes				
Direct Expenses	2 3	Cash prizes				
Direct Expenses	2 3 4	Cash prizes Noncash prizes Rent/facility costs				
Direct Expenses	2 3 4	Cash prizes Noncash prizes Rent/facility costs		Yes%	Yes%	
Direct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs		└── Yes % └── No	└── Yes % └── No	
Direct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	└── Yes % └── No		□ No	
Direct Expenses	2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	→ Yes % → No h 5 in column (d)	□ No	□ No ►	
Direct Expenses	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	→ Yes % → No h 5 in column (d)	□ No	□ No ►	
	2 3 4 5 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No % 15 in column (d) 7 from line 1, column (d)	□ No	□ No ►	
9	2 3 4 5 6 7 8 En ⁺	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes % No 5 in column (d) from line 1, column (d) ucts gaming activities:	No	□ No ►	YesNo
9 a	2 3 4 5 7 8 Entitist	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	Yes % No % 1 5 in column (d) 2 from line 1, column (d) ucts gaming activities:	No No	□ No ►	YesNo
9 a	2 3 4 5 7 8 Entitist	Cash prizes	Yes % No % 1 5 in column (d) 2 from line 1, column (d) ucts gaming activities:	No No	□ No ►	YesNo
9 a b	2 3 4 5 6 7 8 Ent Ist	Cash prizes	Yes % No No for in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	states?	No ►	
9 a b	2 3 4 5 6 7 8 Ent Ist	Cash prizes	Yes % No No for in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	states?	No ►	
9 a b	2 3 4 5 6 7 8 8 8 1 51 151 151 151	Cash prizes	Yes % No No for in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	states?	No ►	
9 a b	2 3 4 5 6 7 8 8 8 1 51 151 151 151	Cash prizes	Yes % No No for in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	states?	No ►	
9 a b	2 3 4 5 6 7 8 8 8 1 51 151 151 151	Cash prizes	Yes % No No for in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	states?	No ►	
9 a b 10a b	2 3 4 5 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Cash prizes	Yes % No No for in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	states?	No ►	Yes No
9 a b 10a b	2 3 4 5 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Cash prizes	Yes % No No for in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	states?	No ►	

Sch	edule G (Form 990 or 990-EZ) 2019 KEEP BRAZOS BEAUTIFUL, INC. **	*_***	* * *	* *	Page 3
	Does the organization conduct gaming activities with nonmembers?	L	Ye	s	No
	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?	[_ Ye	s I	No
13	Indicate the percentage of gaming activity conducted in:				
a	The organization's facility	13	a		%
	An outside facility		b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	····			
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?] Ye	s I	No
	5 1,5 5 5 5				
Ł	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount				
	of gaming revenue retained by the third party ▶\$				
	If "Yes," enter name and address of the third party:				
-	······································				
	Name				
	Address 🕨				
16	Gaming manager information:				
10					
	Gaming manager compensation 🕨 \$				
	Description of some provided				
	Description of services provided 🕨				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	I is the organization required under state law to make charitable distributions from the gaming proceeds to				
c			_ ∨_		No
ŀ	retain the state gaming license? • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			•	110
	organization's own exempt activities during the tax year > \$	le			
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III	lines	399	b 10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ar arcm	,	, 0, 0	5, 105,
9320	83 09-11-19 Schedule G (I	-orm 99	0 or 9	990-l	EZ) 2019
~ ~ .					~ 4

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			Schee	dule G (Foi	rm 990 or 990-E

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

	JU-EZ FAGE I							990-5	-						
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
10	TRAILER	05/15/06	SL	5.00		16	3,108.				3,108.	3,108.		٥.	3,108.
15	FRONT DESK COMPUTER	03/04/14	SL	5.00	ну	17	1,146.				1,146.	1,146.		0.	1,146.
16	FURNITURE - (2) DESKS	06/01/16	SL	5.00	ну	17	2,948.				2,948.	1,917.		590.	2,507.
	* TOTAL 990-EZ PG 1 DEPR						7,202.				7,202.	6,171.		590.	6,761.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or Complete to provide information for responses to specific questic Form 990 or 990-EZ or to provide any additional information	ons on ZUTY
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 	Open to Public Inspection
Name of the organization	KEEP BRAZOS BEAUTIFUL, INC.	Employer identification number
FORM 990-EZ,	PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION	OF PROPERTY:	AMOUNT:
INTEREST INC	OME	807
FORM 990-EZ,	PART I, LINE 14, OCCUPANCY, RENT, UTILIT	IES, AND MAINTENANCE:
DESCRIPTION	OF EXPENSES:	AMOUNT :
DEPRECIATION		590
OTHER EXPENS	ES	13,286
TOTAL TO FOR	M 990-EZ, LINE 14	13,876
FORM 990-EZ,	PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION	OF OTHER EXPENSES:	AMOUNT :
INSURANCE		1,048
CONFERENCES	AND MEETINGS	827
TRAVEL AND M	ILEAGE	3,090
OFFICE EXPEN	SES	3,079
DUES AND MEM	BERSHIPS	520
TELEPHONE		895
MISCELLANEOU	S	2,162
BEAUTIFICATI	ON PROGRAM AND WILDFLOWER SEEDS	15,457
ADVERTISING		4,914
SCHOLARSHIPS		62,500
TOTAL TO FOR	M 990-EZ, LINE 16	94,492
FORM 990-EZ,	PART II, LINE 24, OTHER ASSETS:	
DESCRIPTION	220	OF YEAR END OF YEAD

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2019.06030 KEEP BRAZOS BEAUTIFUL, INC. 43423_1

Schedule O (Form 990 or 990-EZ) (2019)		Page 2			
Name of the organization KEEP BRAZOS BEAUTIFUL, INC.		Employer identification number * * _ * * * * * * *			
DEPOSITS	1,000.	1,000.			
OTHER DEPRECIABLE ASSETS	1,031.	441.			
TOTAL TO FORM 990-EZ, LINE 24	2,031.	1,441.			

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL LIABILITIES	523.	826.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - WE WERE FOUNDED ON THE IDEAL THAT A CLEAN AND BEAUTIFUL COMMUNITY HELPS TO IMPROVE THE ECONOMIC VITALITY, HEALTH, SAFETY AND QUALITY OF LIFE FOR EVERYONE. OUR PROGRAMS CENTER ON EDUCATING AND BUILDING PARTNERS AND VOLUNTEER OPPORTUNITITES WITH CITIZENS, CIVIC ORGANIZATIONS, BUSINESSES AND GOVERNMENTAL AGENCIES, TO ELIMINATE LITTER, MINIMIZE WASTE, RECYCLE AND IMPROVE OUR COMMUNITY'S APPEARANCE WITH THE NATURAL BEAUTY OF TREES, FLOWERS, LANDSCAPING AND GREEN SPACES.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

932212 09-06-19

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)										
print	KEEP BRAZOS BEAUTIFUL, INC				**_**	* * * * *						
File by the due date fo												
filing your return. See	1713 BROADMOOR DRIVE, NO. 302											
instructions	City, town or post office, state, and ZIP code. For a f BRYAN, TX 77802	oreign add	lress, see instructions.									
Enter the	Return Code for the return that this application is for (fi	le a separa	te application for each return)			01						
Applicat	ion	Return	Application			Return						
ls For		Code	Is For			Code						
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07						
Form 99	0-BL	02	Form 1041-A			08						
Form 47	20 (individual)	03	Form 4720 (other than individual)			09						
Form 99	0-PF	04	Form 5227			10						
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11						
Form 99	D-T (trust other than above) THE ORGANIZATI	06	Form 8870			12						
 If the If this box 1 I reaction 2 If t 	equest an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year or tax year beginningOCT 1, 2019 he tax year entered in line 1 is for less than 12 months, o Change in accounting period	Group Exe and atta AUGUS ganization's , an check reas	emption Number (GEN) I ich a list with the names and TINs of ST 16, 2021, to file s return for: d endingSEP 30, 2020 on: Initial return	f this is fo all memb	r the whole o ers the exten npt organizat	group, check this						
	his application is for Forms 990-BL, 990-PF, 990-T, 4720 y nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.						
	his application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter any	y refundable credits and									
es	timated tax payments made. Include any prior year over	payment a	llowed as a credit.	3b	\$	0.						
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by									
us	ing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ons.	3c	\$	0.						
instructio	: If you are going to make an electronic funds withdrawa ons. For Privacy Act and Paperwork Reduction Act Notice.		•	453-EO a		'9-EO for payment 3868 (Rev. 1-2020)						

2019 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - KEEP BRAZOS BEAUTIFUL, INC.

Asset No.	Description	Da Acqi	ate uired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
10	TRAILER	051	506	SL	5.00	16	3,108.			3,108.	3,108.		0.
15	FRONT DESK COMPUTER	030	414	SL	5.00	17	1,146.			1,146.	1,146.		0.
16	FURNITURE - (2) DESKS * TOTAL 990-EZ PG 1	060	116	SL	5.00	17	2,948.			2,948.	1,917.		590.
	A TOTAL 990-EZ PG I DEPR						7,202.		0.	7,202.	6,171.		590.

928102 04-01-19

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction