

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
THE PEARL GROUP INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 1825

City or town, state or province, country, and ZIP or foreign postal code
LONGMONT, CO 80502

D Employer identification number
45-5530404

E Telephone number

F Name and address of principal officer:
HAL BAGLEY
PO BOX 1825
LONGMONT, CO 80502

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

G Gross receipts \$ 215,262

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.PEARLPROMISE.ORG

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2012

M State of legal domicile: CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE TAX EXEMPT NON-PROFIT CHARITABLE MISSION OF THE PEARL GROUP, INC. IS TO CREATE, IMPLEMENT AND PROVIDE SUSTAINABLE PROGRAMS WHEREBY SINGLE PARENT FAMILIES FIND HOPE AND SKILLS NECESSARY TO BUILD AN ECONOMICALLY AND EMOTIONALLY STABLE HOME ENVIRONMENT.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	140
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	84,519	106,953
9 Program service revenue (Part VIII, line 2g)	27,652	30,720
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	678	2,248
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,442	42,347
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	149,291	182,268
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	108,266	124,475
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	108,266	124,475
19 Revenue less expenses. Subtract line 18 from line 12	41,025	57,793
Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	72,217	127,245
21 Total liabilities (Part X, line 26)	3,748	983
22 Net assets or fund balances. Subtract line 21 from line 20	68,469	126,262

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-10-29
APRIL GISSEL TREASURER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-10-29
Check if self-employed PTIN: P01436349
Firm's name: BACHMAN & COMPANY CPA PC Firm's EIN: 84-1569656
Firm's address: 1531 SKYWAY DR UNIT A LONGMONT, CO 80504 Phone no. (303) 776-3893

Part 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:

THE TAX EXEMPT NON-PROFIT CHARITABLE MISSION OF THE PEARL GROUP, INC. IS TO CREATE, IMPLEMENT AND PROVIDE SUSTAINABLE PROGRAMS WHEREBY SINGLE PARENT FAMILIES FIND HOPE AND SKILLS NECESSARY TO BUILD AN ECONOMICALLY AND EMOTIONALLY STABLE HOME ENVIRONMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

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 \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 21,950 including grants of \$) (Revenue \$ 15,680)
See Additional Data

4c (Code:) (Expenses \$ 7,532 including grants of \$) (Revenue \$ 4,500)
See Additional Data

(Code:) (Expenses \$ 94,993 including grants of \$) (Revenue \$ 117,493)

FORM 990, PART III, LINE 4D: PROGRAM SERVICE EXPENSES: 0, GRANTS AND ALLOCATIONS: 0, REVENUE: 0 THE CLOSET IS A GENTLY USED CLOTHING STORE PROVIDING NO COST SEASON APPROPRIATE CLOTHING FOR SINGLE PARENTS AND THEIR CHILDREN. OVER 5,000 ITEMS OF DONATED CLOTHING WERE RECEIVED, CLEANED, SIZED, AND DISPLAYED FOR PARTICIPANTS TO SELECT FROM. PARTICIPANTS MUST SIGN UP FOR ACCESS ALLOWING FOR AN INFORMAL NEEDS ASSESSMENT ASSURING THAT THOSE IN NEED ARE THOSE SERVED. OVER 200 FAMILIES HAVE BEEN APPROVED FOR A PASSPORT GIVING STORE ACCESS. THE CLOSET PROGRAM PROMOTES SELF SUFFICIENCY BY PROVIDING JOB APPROPRIATE CLOTHING, SOCIAL ACCEPTANCE FOR SCHOOL AGE CHILDREN BY PROVIDING IN STYLE SEASON APPROPRIATE ATTIRE, AND GENERALLY PROMOTES GREATER SELF ESTEEM TO THOSE IN NEED OF GOOD CLEAN STYLISH CLOTHING. THE CLOSET IS STAFFED BY 7-10 VOLUNTEERS PROVIDING OVER 600 VOLUNTEER HOURS OF SERVICE ANNUALLY. ALL CLOTHING IS RECEIVED FROM DONATIONS. THE STORE FACILITY OPERATES IN DONATED SPACE RENT FREE. FORM 990, PART III, LINE 4D: PROGRAM SERVICE EXPENSES: 28,993, GRANTS AND ALLOCATIONS: 0, REVENUE: 10,540 THE P.E.A.R.L.S PROGRAM INCLUDES ADOPT A PEARL, PEARLS OF HOPE, AND FOCUS PEARL. THIS PROGRAMMING INVOLVES PAIRING SINGLE PARENT FAMILIES WITH VOLUNTEER ADULTS WITH THE GOAL OF PROMOTING HEALTHY RELATIONSHIPS. THESE RELATIONSHIPS ARE DESIGNED TO GROW INTO FAMILIAL STYLE FRIENDSHIPS ALLOWING FOR MENTORING, LISTENING, GUIDANCE, PROBLEM SOLVING, RESPITE OUTINGS, AND FAMILIAL TYPE EXAMPLES OF SELF SUFFICIENCY. THE FOCUSED PEARL PROGRAM IS A PROGRAM WHEREIN A SELECT GROUP OF MOTIVATED SINGLE PARENTS WERE INTERVIEWED AND SELECTED TO RECEIVE A MORE INTENSE LEVEL OF GUIDANCE AND ASSISTANCE INCLUDING JOB SKILLS ASSESSMENT AND TRAINING, TUITION REIMBURSEMENT, TUITION SCHOLARSHIPS, CHILD CARE ASSISTANCE, AND ANY OTHER FORM OF ASSISTANCE NEEDED TO REMOVE ANY POSSIBLE IMPEDIMENT TO THEIR ACHIEVING SELF SUFFICIENCY. INITIAL RESULTS OF THIS MULTI YEAR PROJECT ARE ENCOURAGING WITH MODERATE SUCCESS ACHIEVED TO DATE WITH A FULL OBJECTIVE ANALYSIS OF EFFORTS AND RESULTING SUCCESS CURRENTLY IN PROCESS. OVER 250 HOURS OF VOLUNTEER TIME IS PROVIDED ANNUALLY BY OVER 25 VOLUNTEERS. FORM 990, PART III, LINE 4D: PROGRAM SERVICE EXPENSES: 65,999 GRANTS AND ALLOCATIONS: 0, REVENUE: 106,953 THE PEARL GROUP, INC. ANNUALLY BUDGETS FUNDS FOR ONE FULL TIME PERSON WHO SEARVES AS THE EXECUTIVE DIRECTOR. TO ACCOMPLISH IT'S MISSION, THE PEARL GROUP, INC. HAS BEEN PRIVILEGED TO HAVE OVER 150 VOLUNTEERS CONTRIBUTING OVER 5,000 SERVICE HOURS TO THE SELECTED PROGRAMS. THESE ANNUAL VOLUNTEER SERVICE HOURS HAVE BEEN VALUED AT OVER 125,000. CONTRIBUTIONS OF CLOTHING, TO THE CLOSET, IS VALUED AT OVER 50,000 ANNUALLY. DISCOUNTED AND DONATED CAR PARTS USED IN THE CAR CARE CLINIC HAS BEEN VALUED AT OVER 10,000 ANNUALLY. DURING THIS REPORTING PERIOD, 20 PLUS CARS VALUED AT OVER 30,000, WERE RECEIVED AS CONTRIBUTIONS TO THE CAR CARE CLINIC. FACILITY USAGE FOR THE ORGANIZATION'S ADMIN OFFICES, THE CLOSET, AND CAR CARE CLINICS WAS PROVIDED TO THE ORGANIZATION AT A VALUE THAT EXCEEDS 36,000 ANNUALLY. SOFTWARE AND PROFESSIONAL SERVICES RECEIVED ANNUALLY HAS BEEN VALUED AT OVER 5,000. THE INDEPENDENT BOARD OF DIRECTORS ANNUALLY CONTRIBUTE IN EXCESS OF 1,000 HOURS OF TIME. FOOD AND BEVERAGES PROVIDED BY HUNDREDS OF VOLUNTEERS TO THE SINGLE MOM'S DINNERS AND MENTORING PROGRAMS ANNUALLY EXCEEDS 10,000 IN VALUE. IT IS ESTIMATED THAT THE VALUE OF IN-KIND SERVICES AND GOODS RECEIVED EXCEEDS 250,000 PER ANNUM. FORM 990, PART III, LINE 4D: PROGRAM SERVICE EXPENSES: 0, GRANTS AND ALLOCATIONS: 0, REVENUE: 0 100% OF THE CONTRIBUTED FUNDS HAVE BEEN SPENT ON DIRECT PROGRAMMING OR IN SUPPORT OF THE VARIOUS PROGRAMS OFFERED. WE WILL CONTINUE TO SEEK FUNDING IN THE FORM OF CONTRIBUTIONS AND GRANTS. PRIMARY VOLUNTEER FUNDRAISING EFFORTS HAVE BEEN PROVIDED TO THE PEARL GROUP, INC. BY THE PRESIDENT HAL BAGLEY AND VICE-PRESIDENT SCOTT OWEN AND SECONDARILY BY THE REMAINING BOARD MEMBERS. THE BOARD HAS AN ANNUAL PLANNING AND PROGRAMMING ASSESSMENT RETREAT WHEREBY EXISTING PROGRAMS ARE VIGOROUSLY EVALUATED FOR RESULTS, POSSIBLE IMPROVEMENT, STRUCTURAL EFFICIENCIES, AND NEEDS ASSESSMENT. NEW PROGRAMS ARE CONSIDERED. BUDGETS ARE ESTABLISHED. PROGRAM GOALS ARE SET AND/OR REVISED AS DEEMED NECESSARY BY THE BOARD TO ACHIEVE SUCCESS AT DESIRED COST LEVELS. RESPONSIBILITY FOR PROGRAMMING EFFORTS AND ACTIONS ARE DISCUSSED AND ASSIGNED. THE FINANCIAL RECORDS ARE RECONCILED AT YEAREND BY CERTIFIED PUBLIC ACCOUNTANT WHO SUBSEQUENTLY PREPARES THE ANNUAL TAX FILINGS AT NO COST TO THE ORGANIZATION.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 94,993 including grants of \$) (Revenue \$ 117,493)

4e Total program service expenses 124,475

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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? <i>If "Yes," complete Schedule J</i>		No
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
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	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
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? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No
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)? 4a No
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).
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a No
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).
a 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
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c
d If "Yes," indicate the number of Forms 8282 filed during the year 7d
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 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.
a Did the sponsoring organization make any taxable distributions under section 4966? 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 15 No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16 No

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Delegation of control), 4 (Changes in governing documents), 5 (Asset diversion), 6 (Members/stockholders), 7a (Election/appointment), 7b (Governance decisions), 8 (Meeting documentation), 9 (Officer reachability).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (Local chapters), 10b (Policies for chapters), 11a (Copy of Form 990), 12a (Conflict of interest policy), 12b (Disclosure of interests), 12c (Monitoring compliance), 13 (Whistleblower policy), 14 (Document retention), 15 (Compensation review), 16a (Joint venture investment), 16b (Joint venture policy).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (States for Form 990), 18 (Public inspection of Form 990), 19 (Governing documents availability), 20 (Person with books/records).

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	106,953					
	g Noncash contributions included in lines 1a - 1f:\$	1g						
	h Total. Add lines 1a-1f			106,953				
Program Service Revenue	2a CAR CLINIC	Business Code	15,680	15,680				
	b THE P.E.A.R.L.S. PROGRAM		10,540	10,540				
	c ABOVE ALL		4,500	4,500				
	d							
	e							
	f All other program service revenue.							
	g Total. Add lines 2a-2f.		30,720					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,248	2,248				
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b				
			c Gain or (loss)	7c				
	d Net gain or (loss)							
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		75,341				
			b Less: direct expenses	8b	32,994			
c Net income or (loss) from fundraising events				42,347		42,347		
9a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code							
11a								
b								
c								
d All other revenue								
e Total. Add lines 11a-11d								
12 Total revenue. See instructions			182,268	32,968	42,347			

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	55,120	55,120		
b Legal				
c Accounting	152	152		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	3,053	3,053		
14 Information technology	3,313	3,313		
15 Royalties				
16 Occupancy	501	501		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,273	1,273		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,588	2,588		
24 Other expenses. Itemize expenses not covered 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.)				
a P.E.A.R.L.S OPERATIONS	28,993	28,993		
b CAR CLINIC OPERATIONS	21,950	21,950		
c MENTORING OPERATIONS	7,532	7,532		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	124,475	124,475	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	72,217	1	127,245
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		72,217	16	127,245
Liabilities	17 Accounts payable and accrued expenses	3,748	17	983
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		3,748	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds	68,469	31	126,262
32 Total net assets or fund balances	68,469	32	126,262	
33 Total liabilities and net assets/fund balances	72,217	33	127,245	

Part 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	182,268
2	Total expenses (must equal Part IX, column (A), line 25)	2	124,475
3	Revenue less expenses. Subtract line 2 from line 1	3	57,793
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,469
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	126,262

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 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?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b		No
2c		
3a		
3b		

Additional Data

Software ID:

Software Version:

EIN: 45-5530404

Name: THE PEARL GROUP INC

Form 990 (2019)

Form 990, Part III, Line 4a:

THE SINGLE MOMS PROGRAMMING ACTIVITIES INVOLVES OVER 100 VOLUNTEERS CONTRIBUTING 1800+ IN-KIND HOURS OF SERVICE. CREATING, MAINTAINING AND GROWING PARTNERSHIPS THAT TOGETHER PROVIDE PROGRAMMING ACTIVITIES FOR THE OVER 80 (AVERAGE) PARTICIPANTS THAT INCLUDE WEEKLY RESPITE DINNERS WITH EDUCATIONAL/INFORMATIONAL PROGRAMS BEING PRESENTED. THE SINGLE MOMS RECEIVE GROUP AND INDIVIDUAL MENTORING BY TRAINED VOLUNTEERS ASSISTING THE PARTICIPANTS IN ADDRESSING SINGLE PARENT LIFE COPING SKILLS, PARENTING SKILLS, FINANCIAL BUDGETING, BENEFITS ISSUES AND ASSESS GUIDANCE, GOAL SETTING AND OTHER ISSUES WHICH CHALLENGE THE SINGLE MOMS FROM TIME TO TIME. THE SINGLE MOMS ENJOY AN EVENING OF RESPITE FROM THE 24/7 CHALLENGE OF SINGLE PARENTING AS THE CHILDREN ARE PROVIDED ONE TO ONE MENTORING AND HOMEWORK ASSISTANCE BY A LONG TERM MENTOR RELATIONSHIP. PROFESSIONAL PROGRAMS ARE PRESENTED EACH WEEK IN A SAFE AND WELCOMING ENVIRONMENT THAT ENCOURAGES OPEN DISCUSSION AND RESULTANT PROBLEM SOLVING.

Form 990, Part III, Line 4b:

THE CAR CARE CLINIC OPERATES MONTHLY OUT OF PROFESSIONAL AUTO CARE FACILITES STAFFED BY 17+ VOLUNTEERS CONTRIBUTING 1,050+ VOLUNTEER HOURS ANNUALLY. THE PURPOSE OF THE CAR CARE CLINIC PROGRAMMING IS TO ASSURE SAFE AND RELIABLE TRANSPORTATION FOR THE PARTICIPATING SINGLE PARENTS ALLOWING THEM TO BE MORE SELF SUFFICIENT. THE VOLUNTEERS SUPERVISED BY A MASTER MECHANIC INSPECT AND ASESS THE NEEDS OF EACH VEHICLE. TYPICAL REPAIRS MADE INCLUDE TIRES, BRAKES, WIPERS, LIGHTS, FLUIDS AND FILTER REPLACEMENTS. SEVERAL TIMES A YEAR REPLACEMENT VEHICLES ARE PROVIDED WHEN THE COST TO REPAIR IS TOO GREAT OR IRREPARABLE SAFETY CONCERNS ARE NOTED. THE REPALCEMENT VEHICLES ARE RECEIVED AS DONATIONS TO THE PROGRAM, ARE INSPECTED AND REFURBISHED AS NECESSARY. THE GOAL IS TO PROVIDE A SAFE AND RELIABLE TRANSPORTATION MEANS FOR THE SINGLE PARENTS AND FAMILIES ASSURING THEM ACCESS TO JOBS, CHILD CARE, MEDICAL, GROCERY, AND OTHER SELF SUFFICIENCY NEEDS. REPAIRS WERE MADE TO OVER 75 VEHICLES DURING THE REPORTING PERIOD OF THIS RETURN.

Form 990, Part III, Line 4c:

THE KIDS MENTORING PROGRAM IS A ONE TO ONE ADULT TO CHILD PROGRAM FOR THOSE CHILDREN NEEDING A MORE PERSONAL RELATIONSHIP. THE ADULTS ARE BACKGROUND CHECKED, TRAINED, AND PAIRED WITH AN APPROPRIATE CHILD. THE ADULTS PROVIDE ASSISTANCE WITH HOMEWORK ASSIGNMENTS, READING SKILL ENHANCEMENT, SOCIAL SKILLS TRAINING, BEHAVIORAL GUIDANCE, AND ADULT INTERACTION. EACH WEEK UP TO 20 CHILDREN RECEIVE ONE ON ONE MENTORING FROM ADULT VOLUNTEERS SUPERVISED BY A RETIRED DEPUTY SCHOOL SUPERINTENDENT. THE PROGRAM WAS EXPANDED IN 2014 TO PROVIDE MORE SUPPORT TO CHILDREN IN THE 1ST THROUGH 8TH GRADES.

SCHEDULE A
(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
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE PEARL GROUP INC

Employer identification number
45-5530404

Part I 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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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:
- 5 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).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar 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 grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
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						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. 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 "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar 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.") . . .	164,483	106,808	144,578	84,519	106,953	607,341
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .				28,330	32,968	61,298
3 Gross receipts from activities that are not an unrelated trade or business under section 513	12,674	43,518	62,642	43,788	75,341	237,963
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	18,929	10,154	10,014			39,097
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	196,086	160,480	217,234	156,637	215,262	945,699
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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 amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						945,699

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	196,086	160,480	217,234	156,637	215,262	945,699
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	229	745	624	678	2,248	4,524
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	229	745	624	678	2,248	4,524
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 assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	196,315	161,225	217,858	157,315	217,510	950,223

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	99.520 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.820 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0 %

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	4b		
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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
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))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
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? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
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? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
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? <i>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.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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.

Section 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	
Section 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):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	
Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes 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 organization is responsive (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	

Section 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 (reasonable 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			
h Applied to 2019 distributable amount			
i 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:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c 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. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is 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:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 45-5530404

Name: THE PEARL GROUP INC

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).

Facts And Circumstances Test

Part II 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		VARIOUS AUCTION (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	75,341			75,341
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	75,341			75,341
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	32,994			32,994
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				32,994
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				42,347

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? 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:

a The organization's facility	13a	%
b An outside facility	13b	%

14 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? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**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

2019**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization
THE PEARL GROUP INC

Employer identification number

45-5530404

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE TAX EXEMPT NON-PROFIT CHARITABLE MISSION OF THE PEARL GROUP, INC. IS TO CREATE, IMPLEMENT AND PROVIDE SUSTAINABLE PROGRAMS WHEREBY SINGLE PARENT FAMILIES FIND HOPE AND SKILLS NECESSARY TO BUILD AN ECONOMICALLY AND EMOTIONALLY STABLE HOME ENVIRONMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	THE SINGLE MOMS PROGRAMMING ACTIVITIES INVOLVES OVER 100 VOLUNTEERS CONTRIBUTING 1800+ IN-KIND HOURS OF SERVICE. CREATING, MAINTAINING AND GROWING PARTNERSHIPS THAT TOGETHER PROVIDE PROGRAMMING ACTIVITIES FOR THE OVER 80 (AVERAGE) PARTICIPANTS THAT INCLUDE WEEKLY RESPITE DINNERS WITH EDUCATIONAL/INFORMATIONAL PROGRAMS BEING PRESENTED. THE SINGLE MOMS RECEIVE GROUP AND INDIVIDUAL MENTORING BY TRAINED VOLUNTEERS ASSISTING THE PARTICIPANTS IN ADDRESSING SINGLE PARENT LIFE COPING SKILLS, PARENTING SKILLS, FINANCIAL BUDGETING, BENEFITS ISSUES AND ASSESS GUIDANCE, GOAL SETTING AND OTHER ISSUES WHICH CHALLENGE THE SINGLE MOMS FROM TIME TO TIME. THE SINGLE MOMS ENJOY AN EVENING OF RESPITE FROM THE 24/7 CHALLENGE OF SINGLE PARENTING AS THE CHILDREN ARE PROVIDED ONE TO ONE MENTORING AND HOMEWORK ASSISTANCE BY A LONG TERM MENTOR RELATIONSHIP. PROFESSIONAL PROGRAMS ARE PRESENTED EACH WEEK IN A SAFE AND WELCOMING ENVIRONMENT THAT ENCOURAGES OPEN DISCUSSION AND RESULTANT PROBLEM SOLVING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>THE CAR CARE CLINIC OPERATES MONTHLY OUT OF PROFESSIONAL AUTO CARE FACILITIES STAFFED BY 17+ VOLUNTEERS CONTRIBUTING 1,050+ VOLUNTEER HOURS ANNUALLY. THE PURPOSE OF THE CAR CARE CLINIC PROGRAMMING IS TO ASSURE SAFE AND RELIABLE TRANSPORTATION FOR THE PARTICIPATING SINGLE PARENTS ALLOWING THEM TO BE MORE SELF SUFFICIENT. THE VOLUNTEERS SUPERVISED BY A MASTER MECHANIC INSPECT AND ASSESS THE NEEDS OF EACH VEHICLE. TYPICAL REPAIRS MADE INCLUDE TIRES, BRAKES, WIPERS, LIGHTS, FLUIDS AND FILTER REPLACEMENTS. SEVERAL TIMES A YEAR REPLACEMENT VEHICLES ARE PROVIDED WHEN THE COST TO REPAIR IS TOO GREAT OR IRREPARABLE SAFETY CONCERNS ARE NOTED. THE REPLACEMENT VEHICLES ARE RECEIVED AS DONATIONS TO THE PROGRAM, ARE INSPECTED AND REFURBISHED AS NECESSARY. THE GOAL IS TO PROVIDE A SAFE AND RELIABLE TRANSPORTATION MEANS FOR THE SINGLE PARENTS AND FAMILIES ASSURING THEM ACCESS TO JOBS, CHILD CARE, MEDICAL, GROCERY, AND OTHER SELF SUFFICIENCY NEEDS. REPAIRS WERE MADE TO OVER 75 VEHICLES DURING THE REPORTING PERIOD OF THIS RETURN.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>FORM 990, PART III, LINE 4D: PROGRAM SERVICE EXPENSES: 0, GRANTS AND ALLOCATIONS: 0, REVENUE: 0 THE CLOSET IS A GENTLY USED CLOTHING STORE PROVIDING NO COST SEASON APPROPRIATE CLOTHING FOR SINGLE PARENTS AND THEIR CHILDREN. OVER 5,000 ITEMS OF DONATED CLOTHING WERE RECEIVED, CLEANED, SIZED, AND DISPLAYED FOR PARTICIPANTS TO SELECT FROM. PARTICIPANTS MUST SIGN UP FOR ACCESS ALLOWING FOR AN INFORMAL NEEDS ASSESSMENT ASSURING THAT THOSE IN NEED ARE THOSE SERVED. OVER 200 FAMILIES HAVE BEEN APPROVED FOR A PASSPORT GIVING STORE ACCESS. THE CLOSET PROGRAM PROMOTES SELF SUFFICIENCY BY PROVIDING JOB APPROPRIATE CLOTHING, SOCIAL ACCEPTANCE FOR SCHOOL AGE CHILDREN BY PROVIDING IN STYLE SEASON APPROPRIATE ATTIRE, AND GENERALLY PROMOTES GREATER SELF ESTEEM TO THOSE IN NEED OF GOOD CLEAN STYLISH CLOTHING. THE CLOSET IS STAFFED BY 7-10 VOLUNTEERS PROVIDING OVER 600 VOLUNTEER HOURS OF SERVICE ANNUALLY. ALL CLOTHING IS RECEIVED FROM DONATIONS. THE STORE FACILITY OPERATES IN DONATED SPACE RENT FREE. FORM 990, PART III, LINE 4D: PROGRAM SERVICE EXPENSES: 28,993, GRANTS AND ALLOCATIONS: 0, REVENUE: 10,540 THE P.E.A.R.L.S PROGRAM INCLUDES ADOPT A PEARL, PEARLS OF HOPE, AND FOCUS PEARL. THIS PROGRAMMING INVOLVES PAIRING SINGLE PARENT FAMILIES WITH VOLUNTEER ADULTS WITH THE GOAL OF PROMOTING HEALTHY RELATIONSHIPS. THESE RELATIONSHIPS ARE DESIGNED TO GROW INTO FAMILIAL STYLE FRIENDSHIPS ALLOWING FOR MENTORING, LISTENING, GUIDANCE, PROBLEM SOLVING, RESPITE OUTINGS, AND FAMILIAL TYPE EXAMPLES OF SELF SUFFICIENCY. THE FOCUSED PEARL PROGRAM IS A PROGRAM WHEREIN A SELECT GROUP OF MOTIVATED SINGLE PARENTS WERE INTERVIEWED AND SELECTED TO RECEIVE A MORE INTENSE LEVEL OF GUIDANCE AND ASSISTANCE INCLUDING JOB SKILLS ASSESSMENT AND TRAINING, TUITION REIMBURSEMENT, TUITION SCHOLARSHIPS, CHILD CARE ASSISTANCE, AND ANY OTHER FORM OF ASSISTANCE NEEDED TO REMOVE ANY POSSIBLE IMPEDIMENT TO THEIR ACHIEVING SELF SUFFICIENCY. INITIAL RESULTS OF THIS MULTI YEAR PROJECT ARE ENCOURAGING WITH MODERATE SUCCESS ACHIEVED TO DATE WITH A FULL OBJECTIVE ANALYSIS OF EFFORTS AND RESULTING SUCCESS CURRENTLY IN PROCESS. OVER 250 HOURS OF VOLUNTEER TIME IS PROVIDED ANNUALLY BY OVER 25 VOLUNTEERS. FORM 990, PART III, LINE 4D: PROGRAM SERVICE EXPENSES: 65,999 GRANTS AND ALLOCATIONS: 0, REVENUE: 106,953 THE PEARL GROUP, INC. ANNUALLY BUDGETS FUNDS FOR ONE FULL TIME PERSON WHO SERVES AS THE EXECUTIVE DIRECTOR. TO ACCOMPLISH ITS MISSION, THE PEARL GROUP, INC. HAS BEEN PRIVILEGED TO HAVE OVER 150 VOLUNTEERS CONTRIBUTING OVER 5,000 SERVICE HOURS TO THE SELECTED PROGRAMS. THESE ANNUAL VOLUNTEER SERVICE HOURS HAVE BEEN VALUED AT OVER 125,000. CONTRIBUTIONS OF CLOTHING, TO THE CLOSET, IS VALUED AT OVER 50,000 ANNUALLY. DISCOUNTED AND DONATED CAR PARTS USED IN THE CAR CARE CLINIC HAS BEEN VALUED AT OVER 10,000 ANNUALLY. DURING THIS REPORTING PERIOD, 20 PLUS CARS VALUED AT OVER 30,000, WERE RECEIVED AS CONTRIBUTIONS TO THE CAR CARE CLINIC. FACILITY USAGE FOR THE ORGANIZATION'S ADMIN OFFICES, THE CLOSET, AND CAR C</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>ARE CLINICS WAS PROVIDED TO THE ORGANIZATION AT A VALUE THAT EXCEEDS 36,000 ANNUALLY. SOFTWARE AND PROFESSIONAL SERVICES RECEIVED ANNUALLY HAS BEEN VALUED AT OVER 5,000. THE INDEPENDENT BOARD OF DIRECTORS ANNUALLY CONTRIBUTE IN EXCESS OF 1,000 HOURS OF TIME. FOOD AND BEVERAGES PROVIDED BY HUNDREDS OF VOLUNTEERS TO THE SINGLE MOM'S DINNERS AND MENTORING PROGRAMS ANNUALLY EXCEEDS 10,000 IN VALUE. IT IS ESTIMATED THAT THE VALUE OF IN-KIND SERVICES AND GOODS RECEIVED EXCEEDS 250,000 PER ANNUM. FORM 990, PART III, LINE 4D: PROGRAM SERVICE EXPENSES: 0, GRANTS AND ALLOCATIONS: 0, REVENUE: 0 100% OF THE CONTRIBUTED FUNDS HAVE BEEN SPENT ON DIRECT PROGRAMMING OR IN SUPPORT OF THE VARIOUS PROGRAMS OFFERED. WE WILL CONTINUE TO SEEK FUNDING IN THE FORM OF CONTRIBUTIONS AND GRANTS. PRIMARY VOLUNTEER FUNDRAISING EFFORTS HAVE BEEN PROVIDED TO THE PEARL GROUP, INC. BY THE PRESIDENT HAL BAGLEY AND VICE-PRESIDENT SCOTT OWEN AND SECONDARILY BY THE REMAINING BOARD MEMBERS. THE BOARD HAS AN ANNUAL PLANNING AND PROGRAMMING ASSESSMENT RETREAT WHEREBY EXISTING PROGRAMS ARE VIGOROUSLY EVALUATED FOR RESULTS, POSSIBLE IMPROVEMENT, STRUCTURAL EFFICIENCIES, AND NEEDS ASSESSMENT. NEW PROGRAMS ARE CONSIDERED. BUDGETS ARE ESTABLISHED. PROGRAM GOALS ARE SET AND/OR REVISED AS DEEMED NECESSARY BY THE BOARD TO ACHIEVE SUCCESS AT DESIRED COST LEVELS. RESPONSIBILITY FOR PROGRAMMING EFFORTS AND ACTIONS ARE DISCUSSED AND ASSIGNED. THE FINANCIAL RECORDS ARE RECONCILED AT YEAREND BY CERTIFIED PUBLIC ACCOUNTANT WHO SUBSEQUENTLY PREPARES THE ANNUAL TAX FILINGS AT NO COST TO THE ORGANIZATION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	NO REVIEW WAS OR WILL BE CONDUCTED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC