Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

Α	For the	2018 calendar year, or tax year beginning and ending	g	-			
В	Check if applicable	C Name of organization		D Employer identifi	cation number		
	Addres	KEEP AMERICA BEAUTIFUL, INC.					
	Name change			13-1761633			
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1010 WASHINGTON BLVD.	'suite	E Telephone numbe	r 659–3000		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	10,174,356.			
F	lreturn	STAMPORD, CI 00901		H(a) Is this a group re			
	Applic tion pendir	· ' '	069	for subordinates H(b) Are all subordinates in			
1	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		list. (see instructions)		
J	Websit	e: ► WWW.KAB.ORG		H(c) Group exemptio	n number 🕨		
K	Form of	organization: X Corporation Trust Association Other L	Year c	of formation: 1953 N	A State of legal domicile: CT		
P		Summary					
Governance	1	Briefly describe the organization's mission or most significant activities: ${\color{red} { ext{SEE}} \ \ ext{SCHI}}$	EDU:	LE O FOR TH	E		
u Lu	1 .	Check this box if the organization discontinued its operations or disposed of	more	than 25% of its net as	ssets.		
Ş.		Number of voting members of the governing body (Part VI, line 1a)			31		
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			30		
Activities &		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			52		
/itie		Total number of volunteers (estimate if necessary)			75		
ξį		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
⋖		Net unrelated business taxable income from Form 990-T, line 38			18,800.		
				Prior Year	Current Year		
Φ	8	Contributions and grants (Part VIII, line 1h)		7,222,987.	7,442,561.		
Revenue		Program service revenue (Part VIII, line 2g)		356,290.	459,879.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		230,642.	339,175.		
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-60,667.	-25,091.		
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,749,252.	8,216,524.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,336,500.	1,497,026.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,738,838.	1,472,780.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ъ	b	Total fundraising expenses (Part IX, column (D), line 25) 657,027.					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,309,068.	5,437,251.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,384,406.	8,407,057.		
	19	Revenue less expenses. Subtract line 18 from line 12		-635,154.	-190,533.		
Net Assets or Fund Balances			Beg	ginning of Current Year	End of Year		
Sset	20	Total assets (Part X, line 16)		8,004,255.	7,407,383.		
at As	21	Total liabilities (Part X, line 26)		914,953.	796,156.		
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		7,089,302.	6,611,227.		
	art II	Signature Block					
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st		•	y knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer	has any knowledge.			
		Signature of officer		I Date			
Sig				Duto			
He	re	HELEN LOWMAN, PRESIDENT & CEO Type or print name and title					
		<u> </u>	חו	Date Check	II PTIN		
Pai	d	Print/Type preparer's name LORI M. BUDNICK LORI M. BUDNICK	1	0/09/19 Glieck Lift if self-employ	P00046310		
	u parer	Firm's name BLUM, SHAPIRO & COMPANY, P.C., CPA	י <u>פ</u> י		06-1009205		
	Only		b	Firm's EIN	00-1003703		
USE	, only	Firm's address 29 S. MAIN STREET, P.O. BOX 272000 WEST HARTFORD, CT 06127-2000		Phone no.86	0 561-4000		
N4c	v +b > 15			Tellotte tio. O O			
ivia	y une it	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

Bereity describe the organization's mission: 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 950 or 950 E27 If 'Yea,' describe these new services on Schedule O. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 5 Section 501(c)(6) and 501(c)(4) organizations are nequired to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reports. 5 Section 501(c)(6) and 501(c)(4) organizations are nequired to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reports. 5 Section 501(c)(6) and 501(c)(4) organizations are nequired to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reports. 5 Section 501(c)(6) and 501(c)(4) organizations are nequired to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services, as measured by expenses. 5 Section 501(c)(6) and 501(c)(4) organizations are nequired to report the amount of grants and advantages. 5 Section 501(c)(6) and 501(c)(4) organizations are nequired to report the amount of grants and advantages. 5 Section 501(c)(6) and 501(c)(4) organizations are nequired to report the amount of grants and advantages. 5 Section 501(c)(6) and 501(c)(4) organizations are nequired to report the amount of grants and advantages. 5 Section 501(c)(6) and 50	Pa	rt III Statement of Program Service Accomplishments
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	<u>4e</u>	Total program service expenses ► 6 , 841 , 09 / •

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		X
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	Ť		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			- V
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b		144		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		7.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	163	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			┢▔
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		X
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٥.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 • •		
0 _	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 76			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		177	
	(gambling) winnings to prize winners?	1c	X	

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

				Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a 52									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
			3a	Х							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0)	3b	Х							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	,									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X						
b	If "Yes," enter the name of the foreign country: ►										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	· ·			77						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X						
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с								
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the procedure that were not tay deductible as charitable contributions?		60		x						
h	any contributions that were not tax deductible as charitable contributions?		6a								
b		_	6b								
7	Organizations that may receive deductible contributions under section 170(c).		OD								
, а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was										
	to file Form 8282?		7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е											
f											
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
8	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?										
9	Sponsoring organizations maintaining donor advised funds.										
а			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:	امد									
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: Gross income from members or shareholders	110									
	Gross income from other sources (Do not net amounts due or paid to other sources against	11a									
D	amounts due or received from them.)	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?		13a								
	Note. See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	13b									
С	Enter the amount of reserves on hand	13c									
14a	· · · · · · · · · · · · · · · · · · ·		14a		X						
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O											
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune										
	excess parachute payment(s) during the year?		15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.				17						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X						
	If "Yes," complete Form 4720, Schedule O.		Fau:	990	(0040)						

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u> </u>						Δ					
Sec	tion A. Governing Body and Management										
		1 1	21		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	31								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b	30								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other									
	officer, director, trustee, or key employee?		L	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	[4		Х					
5											
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		···· [
	more members of the governing body?			7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		···· [
	persons other than the governing body?			7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
а	The governing body?	-		8a	Х						
b			- 1	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-		···· ⊦	OD							
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х					
800	tion B. Policies (This Section B requests information about policies not required by the Internal F			9		21					
Sec	tion B. Foncies (this Section B requests information about policies not required by the internal F	evenue Code.)			V	NI.					
40-	Did the course in the second should be set on the second second of the second s		г	40-	Yes X	No					
	Did the organization have local chapters, branches, or affiliates?		····	10a	Λ						
b	If "Yes," did the organization have written policies and procedures governing the activities of such of					v					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		г	10b	37	X					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the forn	n?	11a	X						
b	1 , , , ,										
12a	1 , , , ,										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe									
	in Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?		[14	X						
15	Did the process for determining compensation of the following persons include a review and approve	al by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•									
а	The organization's CEO, Executive Director, or top management official		L	15a		X					
b	Other officers or key employees of the organization		[15b		Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		Γ								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a									
	taxable entity during the year?			16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		Ī								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	= = = = = = = = = = = = = = = = = = = =									
	exempt status with respect to such arrangements?		[16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶CT , NY										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	nd 990-T (Section 501)	(c)(3)s	only)	availa	able					
	for public inspection. Indicate how you made these available. Check all that apply.	,	,	,							
		n in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		, and	finan	cial						
	statements available to the public during the tax year.		,								
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records									
	HELEN LOWMAN - 203-659-3000	_									
	1010 WASHINGTON BOULEVARD, STAMFORD, CT 06901										
	•										

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

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

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

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

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

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

(A)	(B)	Ĭ		((Pos)			(D)	(E)	(F)
Name and Title	Average hours per	box	not c , unle	heck ss pe	more rson i	than is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer of		Highest compensated highest compensated mat/xrd		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MONIQUE OXENDER	1.00	.,		,,					0	0
CHAIR	1 00	Х		Х				0.	0.	0.
(2) PEGGY JACOBER	1.00	,,		,,					0	0
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(3) THOMAS H. TAMONEY, JR. SECRETARY	1.00	x		x				0.	0.	0.
(4) TOM WALDECK	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) BARRY H. CALDWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(6) TIM CAREY	1.00									
DIRECTOR		Х						0.	0.	0.
(7) CAROLYN CRAYTON	1.00									
DIRECTOR		Х						0.	0.	0.
(8) STEVE DEPALO	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DEBRA EVENSON	1.00									
DIRECTOR		Х						0.	0.	0.
(10) KANIKA GREENLEE	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JENNIFER J. GRIFFIN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) KEITH GROVER	1.00								_	
DIRECTOR		Х						0.	0.	0.
(13) CAREY HAMILTON	1.00									
DIRECTOR		Х						0.	0.	0.
(14) JIM HANNA	1.00									
DIRECTOR		Х						0.	0.	0.
(15) KIM JEFFERY	1.00	ļ							•	•
DIRECTOR	1 00	Х						0.	0.	0.
(16) ANNE JOHNSON	1.00	ļ.,							•	_
DIRECTOR	1 00	Х				-	<u> </u>	0.	0.	0.
(17) JON JOHNSTON	1.00	٠,							^	_
DIRECTOR 832007 12-31-18		X			L			0.	0.	0 . Form 990 (2018)

832007 12-31-18

	MEKICA DEA								13-1701	OJJ Page O
Part VII Section A. Officers, Directors,		ploy	ees			ghe	st C			
(A)	(B)			_ (((D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per week		, unle					compensation	compensation	amount of
	(list any	-i					ŕ	from the	from related organizations	other compensation
	hours for	or director						organization	(W-2/1099-MISC)	from the
	related	e or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	Individual trustee	Institutional trustee		yee	Highest compensated employee		,		and related
	below	idual	tution	er	Key employee	est co lo yee	Jer .			organizations
	line)	Indi	Insti	Officer	Keye	High emp	Former			
(18) GREG JOZWIAK	1.00									
DIRECTOR		Х						0.	0.	0.
(19) BRUCE A. KARAS	1.00									
DIRECTOR		Х						0.	0.	0.
(20) MAUREEN KNIGHTLY	1.00									
DIRECTOR		Х						0.	0.	0.
(21) MISSY MARSHALL	1.00									
DIRECTOR		Х						0.	0.	0.
(22) VIC MEHREN	1.00									
DIRECTOR		Х						0.	0.	0.
(23) N. BRIAN PEACE	1.00									
DIRECTOR		Х						0.	0.	0.
(24) GREGORY H. RAY	1.00									
DIRECTOR		Х						0.	0.	0.
(25) SHANNON REITER	1.00									
DIRECTOR		Х						0.	0.	0.
(26) STEVEN RUSSEL	1.00									
DIRECTOR		Х						0.	0.	0.
1b Sub-total							▶	0.	0.	0.
c Total from continuation sheets to Pa								709,435.	0.	132,768.
d Total (add lines 1b and 1c)								709,435.	0.	132,768.
2 Total number of individuals (including								i l tl 04 00	000 - f	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RAUXA DIRECT LLC		
75A MCCORMICK AVENUE, COSTA MESA, CA 92626	MARKETING AGENCY	636,351.
RECYCLE AWAY		
PO BOX 1757, BRATTLEBORO, VT 05302	MARKETING AGENCY	227,542.
THE ADVERTISING COUNCIL		
815 SECOND AVENUE, NEW YORK, NY 10017	MARKETING AGENCY	224,594.
B LEVINE PRODUCTIONS		
8033 SUNSET BLVD, LOS ANGELES, CA 90046	MARKETING AGENCY	174,366.
G02 PARTNERS		
701 LEE STREET, DES PLAINES, IL 60016	MARKETING AGENCY	101,744.
2 Total number of independent contractors (including but not limited to those liste		
\$100,000 of compensation from the organization > 5		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 KEEP AMEI	RICA BEA	ניטג	CIE	Uľ	٠,	11	1C	•	13-176	1633
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average		Position			1		Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) WES SCHULTZ	1.00									
DIRECTOR		Х						0.	0.	0
(28) ANTONIO SCIUTO	1.00									
DIRECTOR		Х						0.	0.	0
(29) ROBIN WIENER	1.00									
DIRECTOR		Х						0.	0.	0
(30) JAMES W. WOODS	1.00									
DIRECTOR		Х						0.	0.	0
(31) HELEN LOWMAN	40.00									
PRESIDENT & CEO/DIRECTOR		Х		Х				275,000.	0.	26,648
(32) KATHLEEN QUINN	40.00									
FINANCE DIRECTOR				Х				132,993.	0.	37,792
(33) REBECCA LYONS	40.00									
CHIEF OPERATING OFFICER						Х		183,102.	0.	40,880
(34) MIKE ROGERS	40.00									
CHIEF DEVELOPMENT OFFICER						Х		118,340.	0.	27,448
		1								
		1								
	•	•		_	•	•	•			
Total to Part VII, Section A, line 1c								709,435.		132,768

Part VIII	S	tatemei	nt of	Rev	enue

		Check if Schedule O conta	ains a response	e or note to any lin	e in this Part VIII			
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
t t	1 :	Federated campaigns	1a					312 311
ra Z		Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events		627,143.				
		d Related organizations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ا≝'ج		Government grants (contributions)						
Sis		All other contributions, gifts, grant	· —					
her		similar amounts not included abov		6,815,418.				
걸히		Noncash contributions included in lines		0,010,110.				
and		Total. Add lines 1a-1f			7,442,561.			
-		Totally lad lines fa 11		Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
o l	2 :	NATIONAL AND OTHER CON	FERENCES	900099	263,216.	263,216.		
Ş (PROGRAM SERVICE FEES		900099	128,044.	128,044.		
Ser		CERTIFICATION FEES		900099	57,900.	57,900.		
an eve	1	PUBLICATION SALES		900099	10,719.	10,719.		
Program Service Revenue		9			,	,		
<u>r</u>	1	All other program service reve	nue					
		g Total. Add lines 2a-2f			459,879.			
	3	Investment income (including						
		other similar amounts)			115,754.			115,754.
	4	Income from investment of tax	k-exempt bond	proceeds >				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	ı	Less: rental expenses						
	(Rental income or (loss)						
	(d Net rental income or (loss)		>				
	7 8	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2,043,993					
	ı	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)		•				
		d Net gain or (loss)		<u></u>	223,421.			223,421.
ne	8 8	Gross income from fundraising						
		including \$ 627						
Other Reven		contributions reported on line	,	22.252				
ЭĒ		Part IV, line 18						
₹		Less: direct expenses		137,260.	102 000			102 000
		Net income or (loss) from fund		>	-103,900.			-103,900.
	9 8	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		>				
	10 6	a Gross sales of inventory, less and allowances		,				
		Less: cost of goods sold						
		Net income or (loss) from sales						
ŀ		Miscellaneous Revenue		Business Code				
	11 :	OTHER INCOME		900099	78,809.			78,809.
		·			,			, ,
		·						
		d All other revenue						
		Total. Add lines 11a-11d			78,809.			
	12	Total revenue. See instructions			8,216,524.	459,879.	0.	314,084.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns	

Total expenses	Dr.	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	L
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation on lincified above, to disqualfied persons (as defined under section 4980(IV)) and persons described in section 4980(IV)) and persons described in section 4980(IV)) and persons described in section 4980(IV) and expenses described in section 4980(IV) and expenses described in section 4980(IV) and expenses described in section 4980(IV) and 400(b) employer contributions (include section 401(IV) and 400(b) employer contributions) Control Payroll taxos Person plan accrusia and contributions (include section 401(IV) and 400(b) employer contributions) Payroll taxos See Fart IV, lines 10 Payroll taxos See Fart IV, lines 17 Investment management 16es Other, (fill ine 11) amount exceeds 10% of line 25, column (IV) amount, list line 110 expenses on School (IV) Advertising and promotion See Fart IV, line 17 Payrents of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Conferences, conventions, and meetings Payments to affiliates Coeperacion, depletion, and amortization Payrents to affiliate sepaness not covered above, List inscellances expenses in line 24e. If line 24e empress on Schedule (IV) Payroll taxos (IV) of line 25, column (IV) amount, list line 24e expenses on Schedule (IV) All officers (IV) of		•		Program service	Management and	Fundraising expenses
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, line 18 foreign individuals. See Part IV, line 19 foreign (see See Part IV, line 19 foreign individuals. See Part IV, line 19 foreign (see Part IV, line 19 foreign	1	_	1 405 006	1 405 006		
Individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		•••	1,497,026.	1,497,026.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2					
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 and 16 sendifs paid to or for members so Compensation of current officers, directors, trustees, and key employees 407, 992. 119,014. 167,885. 121, so Compensation not included above, to disqualified persons (as defined under section 4958(J(1)) and persons discribed in section 4958(J(1)) and J(1)						
Individuals. See Part IV, lines 15 and 16 Benefits paid to or for members See Part IV, lines 15 and 16 Benefits paid to or for members See Part IV, lines 15 and 16 See Part IV, lines 17 See See Part IV, line 17 See See Part IV, line 17 Investment management fees See See Part IV, line 17 See See Part IV, line 17 See See Part IV, line 17 See See See See See See See See See S	3	_				
4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(8) 7 Other salaries and wages 8 805,522. 234,977. 331,464. 239,18 Pension plan acruals and contributions (include section 401(k) and 403(t) employer contributions; 108,306. 37,695. 35,628. 34,7 Payroll taxes 8 88,910. 32,910. 26,721. 29,18 Payroll taxes 108,306. 37,695. 35,628. 34,7 Payroll taxes 109,400. 400,400,400,400,400,400,400,400,400,400						
5 Compensation of current officers, directors, trustees, and key employees (20 compensation not included above, to disqualified persons (as defined under section 4986)(1)) and persons described in section 4986()(3)(B) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4						
trustees, and key employees	4	The state of the s				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8) are persons (as defined under section 4958(c)(3)(8) are persons of persons described in section 4958(c)(3)(8) are persons of persons described in section 4958(c)(3)(8) are persons of persons described in section 4958(c)(3)(8) are persons described in section 4958(c)(3) are persons described in a section 4958(c) are persons and a section 4958(c) are	5	-	407 000	110 014	167 005	101 000
persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions 9 Other employee benefits 108, 306 6 37, 695 . 35, 628 . 34, 70 Payroll taxes 88, 910 . 32, 910 . 26, 721 . 29, 70 Payroll taxes 88, 910 . 32, 910 . 26, 721 . 29, 70 Payroll taxes 88, 910 . 32, 910 . 26, 721 . 29, 70 Payroll taxes 10, 750 . 572 . 373			407,992.	119,014.	167,885.	121,093
persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 05 , 522 . 234 , 977 . 331 , 464 . 239 , 18	6					
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401k) and 405k) pembyer contributions) 9 Other employee benefits 108,306. 37,695. 35,628. 34,7 108,701 payroll taxes 88,910. 32,910. 26,721. 29,1 16 Fees for services (non-employees): a Management b Legal 1,750. 572. 373. c Accounting 113,325. 4,354. 2,842. 6,7 d Lobbying e Professional fundraising services. See Part IV, line 17 investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 22,454. 7,420. 9,315. 5,7 16 Occupancy 70,686. 36,129. 15,043. 19,1 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Depreciation, depletion, and amortization language. 22,014. 7,337. 10,586. 4,1 10 Depreciation, depletion, and amortization language. 24,0791. 4,207,200. 86,745. 2,5 1NDIRECT SPECIAL EVENT C CONSULTANTS 124,078. 26,288. 55,112. 42, 1M TSCELLANEOUS 88,055. 29,620. 57,046. 20,591. 15,7 20,100. 21,596. 20,412						
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 108,306. 37,695. 35,628. 34, 10 Payroll taxes 88,910. 32,910. 26,721. 29, 11 Fees for services (non-employees): a Management b Legal 1,750. 572. 373. c Accounting 13,325. 4,354. 2,842. 6, d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 32,151. 10,251. 6,938. 14, 34,349. 24,092. 1,130. 9, 30 Office expenses 22,454. 7,420. 9,315. 5, 1nformation technology 15 Royatties 0 Occupancy 288,533. 205,989. 31,341. 51, 17 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 17 Inversite of travel or entertainment expenses for any federal, state, or local public officials 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 10 Insurance 24 Other expenses limize expenses in line 24e. If line advanced. (List miscellaneous expenses in line 24e. If line advanced. (List miscellaneous expenses in line 25, column (A) amount, list line 24e expenses on Schedule 0.) 24 PROGRAMS 24,296,791. 4,207,200. 86,745. 2, 1 25 INDITRECT SPECIAL EVENT 26 ONSULTANTS 27,046. 26,288. 55,112. 42, 28 ONSULTANTS 28,050. 9,996. 67,757. 10, 29,050. 20,591. 15, 20.			005 500	004 077	221 464	020 001
Section 401(k) and 403(b) employer contributions 52,050.			805,522.	234,977.	331,464.	239,081
9 Other employee benefits	8		60 050	01 506	00 410	20 242
Payroll taxes				21,596.	20,412.	20,042
Fees for services (non-employees): a Management b Legal	9	F				34,983
a Management b Legal c Accounting 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 Sch 0.) 12 Advertising and promotion 34,349. 24,092. 1,130. 9, 70,686. 36,129. 15,043. 19, 11,107. 11,07. 1	10	Payroll taxes	88,910.	32,910.	26,721.	29,279
b Legal		, , , ,				
C Accounting	а	Management				
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 12g expenses on Sch 0.) 12 Advertising and promotion 34,349 24,092 1,130 9, 13 Office expenses 22,454 7,420 9,315 5, 14 Information technology 70,686 36,129 15,043 19, 15 Royalties 0 Cocupancy 288,533 205,989 31,341 51, 17 Travel 71,908 27,158 17,966 26, 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Interest 12 Payments to affiliates 12 Depreciation, depletion, and amortization 87,520 84,525 1,084 1,5 13 Insurance 40 Other expenses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e express on Schedule 0.) 14 PROGRAMS 4,296,791 4,207,200 86,745 2,5 15 INDIRECT SPECIAL EVENT CONSULTANTS 124,078 26,288 55,112 42,6 24 MISCELLANEOUS 88,550 9,996 67,757 10,6 24 All other expenses 93,620 57,046 20,591 15,5	b	Legal				805
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 Sch O.) 12 Advertising and promotion 34,349 24,092 1,130 9, 315 5, 34 1,14 1,15 1,15 1,15 1,15 1,15 1,15 1,1	С	Accounting	13,325.	4,354.	2,842.	6,129
For Investment management fees Gother. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 32,151. 10,251. 6,938. 14,	d	Lobbying				
State Column (A) amount, list line 11g expenses on Sch 0.) 32,151. 10,251. 6,938. 14,000 12 13 13 14 14 14 15 15 15 15 15	е	Professional fundraising services. See Part IV, line 17				
Column (A) amount, list line 11g expenses on Sch 0. 32,151. 10,251. 6,938. 14,	f	Investment management fees				
Advertising and promotion 34,349. 24,092. 1,130. 9, 113 Office expenses 22,454. 7,420. 9,315. 5, 114 Information technology 70,686. 36,129. 15,043. 19, 115 Occupancy 288,533. 205,989. 31,341. 51, 117 Travel 71,908. 27,158. 17,966. 26, 118 Payments of travel or entertainment expenses for any federal, state, or local public officials 118 Conferences, conventions, and meetings 119 Other expenses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a PROGRAMS 4, 296,791. 4,207,200. 86,745. 2,3	g	Other. (If line 11g amount exceeds 10% of line 25,				
13 Office expenses		column (A) amount, list line 11g expenses on Sch O.)		10,251.	6,938.	14,962
Information technology	12	Advertising and promotion				9,127
Information technology 70,686. 36,129. 15,043. 19,15	13	Office expenses				5,719
15 Royalties	14	Information technology	70,686.	36,129.	15,043.	19,514
16 Occupancy 288,533. 205,989. 31,341. 51,1 17 Travel 71,908. 27,158. 17,966. 26, 18 Payments of travel or entertainment expenses for any federal, state, or local public officials	15					
17 Travel	16		288,533.	205,989.	31,341.	51,203
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 22,014	17		71,908.	27,158.	17,966.	26,784
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) PROGRAMS TNDIRECT SPECIAL EVENT CONSULTANTS MISCELLANEOUS All other expenses All other expenses All other expenses 22 , 014 . 7 , 337 . 10 , 586 . 4 , 0 4 , 2 9 0 , 7 9 0 . 84 , 5 2 5 . 1 , 0 8 4 . 1 , 0 4 , 2 9 0 , 7 9 1 . 4 , 2 0 7 , 2 0 0 . 86 , 7 4 5 . 2 , 0 1	18					
19 Conferences, conventions, and meetings 22,014. 7,337. 10,586. 4,0						
Interest Payments to affiliates Payments to affiliate Payments	19	· · · · · · · · · · · · · · · · · · ·	22,014.	7,337.	10,586.	4,091
Payments to affiliates Depreciation, depletion, and amortization Insurance 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 0.) PROGRAMS INDIRECT SPECIAL EVENT CONSULTANTS MISCELLANEOUS MISCELLANEOUS All other expenses Payments to affiliates 87,520. 84,525. 1,084. 1	20	, , , , , , , , , , , , , , , , , , ,				
Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) a PROGRAMS b INDIRECT SPECIAL EVENT c CONSULTANTS d MISCELLANEOUS e All other expenses 93,620. 57,046. 20,591. 15,9						
23 Insurance			87,520.	84,525.	1,084.	1,911
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 0.) a PROGRAMS b INDIRECT SPECIAL EVENT c CONSULTANTS d MISCELLANEOUS e All other expenses 93,620. 4,296,791. 4,207,200. 86,745. 2,8 42,07,200. 86,745. 2,8 42,07,200. 86,745. 189,522. 189,522. 199,996. 67,757. 10,5				-		<u> </u>
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 0.) a PROGRAMS b INDIRECT SPECIAL EVENT c CONSULTANTS d MISCELLANEOUS e All other expenses 124,078. 26,288. 55,112. 42,088						
amount, list line 24e expenses on Schedule 0.) a PROGRAMS b INDIRECT SPECIAL EVENT c CONSULTANTS d MISCELLANEOUS e All other expenses All other expenses A 1, 296, 791. 4, 207, 200. 86, 745. 2, 8 4, 296, 791. 4, 207, 200. 86, 745. 2, 8 189,522. 189,522. 124,078. 26,288. 55,112. 42, 6 88,550. 9,996. 67,757. 10, 6 93,620. 57,046. 20,591. 15, 9		above. (List miscellaneous expenses in line 24e. If line				
a PROGRAMS 4,296,791. 4,207,200. 86,745. 2,8 b INDIRECT SPECIAL EVENT 189,522. 189,522. c CONSULTANTS 124,078. 26,288. 55,112. 42,0 d MISCELLANEOUS 88,550. 9,996. 67,757. 10,1 e All other expenses 93,620. 57,046. 20,591. 15,9						
INDIRECT SPECIAL EVENT 189,522. 189,522.	а		4,296,791.	4,207,200.	86,745.	2,846
c CONSULTANTS 124,078. 26,288. 55,112. 42,078. d MISCELLANEOUS 88,550. 9,996. 67,757. 10,000. e All other expenses 93,620. 57,046. 20,591. 15,900.					,	,
d MISCELLANEOUS 88,550. 9,996. 67,757. 10,1 e All other expenses 93,620. 57,046. 20,591. 15,9			-		55,112.	42,678
e All other expenses 93,620. 57,046. 20,591. 15,9						10,797
0 400 000 000 000 000 000						15,983
						657,027
26 Joint costs. Complete this line only if the organization			3,201,031.	3,011,0576	300,333.	001,021
reported in column (B) joint costs from a combined	20					
		, , , ,				
educational campaign and fundraising solicitation.		. 🗀				
Check here if following SOP 98-2 (ASC 958-720)		Check here if following SOP 98-2 (ASC 958-720)				- 000

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
		·	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,538,627.	1	739,766.
	2	Savings and temporary cash investments	709,393.	2	1,530,442.
	3	Pledges and grants receivable, net		3	292,434.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribution			
		employers and sponsoring organizations of section 501(c)(9) voluntary	J .		
Ø		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	111,663.
	_	Land, buildings, and equipment: cost or other			,
		basis. Complete Part VI of Schedule D 10a 616, 31	2.		
	Ь	Less: accumulated depreciation 10b 569,393	86,857.	10c	46,920.
	11	Investments - publicly traded securities		11	46,920. 4,686,158.
	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)		16	7,407,383.
	17	Accounts payable and accrued expenses	1== = 1 1	17	7,407,383. 443,184.
	18	Grants payable		18	
	19	Deferred revenue		19	352,972.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
Ξ	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	914,953.	26	796,156.
		Organizations that follow SFAS 117 (ASC 958), check here X and			
es		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	3,938,965.	27	3,491,754.
Bal	28	Temporarily restricted net assets	3,150,337.	28	3,119,473.
힏	29	Permanently restricted net assets		29	
Ī		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
)ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	6 644 005
~	33	Total net assets or fund balances		33	6,611,227.
	34	Total liabilities and net assets/fund balances	8,004,255.	34	7,407,383.

	1990 (2016) 11111111111111111111111111111111111		- / 0 - 0 -		гау	<u>e 12</u>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,2			
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,4			
3	Revenue less expenses. Subtract line 2 from line 1	3		90		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				02.
5	Net unrealized gains (losses) on investments	5	-2	287	, 54	12.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	6,6	511	, 22	27.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				[
				Y	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2	b :	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit			
	Act and OMB Circular A-133?		3	Ba		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			b		
			Fo	rm 9	90 (2	2018)

832012 12-31-18

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization KEEP AMERICA BEAUTIFUL, INC. 13-1761633 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	7,919,386.	7,118,889.	8,359,562.	7,222,987.	7,424,921.	38,045,745.	
2	Tax revenues levied for the organ-						_	
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	7,919,386.	7,118,889.	8,359,562.	7,222,987.	7,424,921.	38,045,745.	
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)						16,711,216.	
6	Public support. Subtract line 5 from line 4.						21,334,529.	
	ction B. Total Support						, , ,	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Amounts from line 4	7,919,386.	7,118,889.	8,359,562.	7,222,987.	7,424,921.	38,045,745.	
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,		
•	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	88.430.	110,177.	88,901.	96,354.	115,754.	499,616.	
a	Net income from unrelated business	7 2 7 2 7 2 7	,	,	,	,		
·	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.)	77,787.	8,537.	1,931.	7,328.	78.809	174,392.	
11	Total support. Add lines 7 through 10	7777071	0,00,1		. , 5251	707000	38,719,753.	
12	Gross receipts from related activities,	etc (see instruction	one)			12	00,712,700.	
13	First five years. If the Form 990 is for	· ·		I fourth or fifth tax				
.0	organization, check this box and stor	hava			•			
Sec	ction C. Computation of Publ							
14	Public support percentage for 2018 (I	ine 6. column (f) di	vided by line 11, co	olumn (f))		14	55.10 %	
15	Public support percentage from 2017					15	56.95 %	
16a	33 1/3% support test - 2018. If the o					•		
							\triangleright X	
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. 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 qual	ifies as a publicly s	supported organiza	tion		,	ightharpoonup	
17a							or more.	
	17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances"							
h	10% -facts-and-circumstances tes							
	more, and if the organization meets the							
	organization meets the "facts-and-circ		·					
12	Private foundation. If the organization			•	,			
	i invate roundation. Il the organizatio	ii did Hot OHEOR a	DON OIT III IC TO, TOA	, 100, 17a, 01 17b	, or look if its box a	ina see manuelloni	·	

Schedule A (Form 990 or 990-EZ) 2018

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

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

Section A. Public Support		,				
Calendar year (or fiscal year beginning in) 🖊	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and	-					
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
· ·						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5					ļ	
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.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6		. ,	` ,		, ,	, ,
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
onguired ofter June 20, 1075						
acquired after June 30, 1975						
c Add lines 10a and 10b				1	1	
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.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
						>
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2018 (li	ne 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2017	Schedule A, Part	: III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2018. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2017. If the						
line 18 is not more than 33 1/3%, che	•			•	•	
		hox on line 14 19				

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
05		
9b		
9с		
10a		
401		
10b	00 E7	

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec ⁻	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	•	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		In how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	_		
800		pported organization(s). D. All Type III Supporting Organizations	1		
<u> </u>	LIOII L	7. All Type III oupporting Organizations		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2		ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes, he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u> </u>		
5		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type	III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1 Check I	nere if the organization satisfied the Integral Part Test as a qualifyir	ng trust on I	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
other T	pe III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E.	
Section A - Adjust	ed Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-tern	n capital gain	1		
2 Recoveries of	prior-year distributions	2		
3 Other gross in	ncome (see instructions)	3		
4 Add lines 1 th	rough 3	4		
5 Depreciation	and depletion	5		
6 Portion of ope	erating expenses paid or incurred for production or			
collection of g	gross income or for management, conservation, or			
maintenance	of property held for production of income (see instructions)	6		
7 Other expens	es (see instructions)	7		
	Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimu		'	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fai	r market value of all non-exempt-use assets (see			
instructions for	or short tax year or assets held for part of year):			
a Average mon	thly value of securities	1a		
b Average mon	thly cash balances	1b		
c Fair market va	alue of other non-exempt-use assets	1c		
d Total (add line	es 1a, 1b, and 1c)	1d		
e Discount clai	med for blockage or other			
factors (expla	in in detail in Part VI):			
	debtedness applicable to non-exempt-use assets	2		
3 Subtract line	2 from line 1d	3		
4 Cash deemed	I held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructio	ns)	4		
5 Net value of r	on-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5	by .035	6		
	prior-year distributions	7		
8 Minimum As	set Amount (add line 7 to line 6)	8		
Section C - Distrib				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 ass	et amount for prior year (from Section B, line 8, Column A)	3		
	of line 2 or line 3	4		
5 Income tax in	posed in prior year	5		
6 Distributable	Amount. Subtract line 5 from line 4, unless subject to			
emergency te	mporary reduction (see instructions)	6		
7 Check I	nere if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2					
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets	•		
5	Qualif	ied 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		outions to attentive supported organizations to which the	ne organization is responsive		
		de details in Part VI). See instructions.	3		
9		outable amount for 2018 from Section C, line 6			
10		amount divided by line 9 amount			
	<u> </u>	amount arriage by line o amount	(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
		ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
	line 7:	\$			
а		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2018, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
-		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3j			
•	and 4				
8		down of line 7:			
		ss from 2014			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
_	レヘレビン	33 11 VIII EVIU			

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

or 990-PF

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

13-1761633

Name of the organization Employer identification number INC.

KEEP AMERICA BEAUTIFUL,

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

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

Name of organization Employer identification number

KEEP AMERICA BEAUTIFUL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALTRIA GROUP 6603 W. BROAD STREET RICHMOND, VA 23230-1701	\$1,257,049.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	AMERICAN CHEMISTRY COUNCIL 700 2ND STREET, NE WASHINGTON, DC 20002	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DR PEPPER SNAPPLE GROUP 5301 LEGACY DRIVE PLANO, TX 75024-3109	\$325,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	LOWE'S COMPANIES, INC. 1000 LOWE'S BOULEVARD MOORESVILLE, NC 28117	\$ 975,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SANTA FE NATURAL TOBACCO COMPANY PO BOX 25140 SANTA FE, NM 87504	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE COCA-COLA COMPANY ONE COCA-COLA PLAZA	\$378,000.	Person X Payroll Noncash (Complete Part II for
002450 11.0	ATLANTA, GA 30313-1734	Sahadula D./Fayyo	noncash contributions.)

Name of organization

Employer identification number

KEEP AMERICA BEAUTIFUL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE DOW CHEMICAL COMPANY 2030 DOW CENTER MIDLAND, MI 48642	\$ <u>495,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	JAMESON IRISH WHISKEY BOW STREET SMITHFIELD, DUBLIN, IRELAND	\$ <u>1,380,101</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	KEURIG DR PEPPER, INC. 53 SOUTH AVE BURLINGTON, MA 01803	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	ANHEUSER-BUSCH 1200 LYNCH ST ST LOUIS, MO 63118	\$363,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	MARS CHOCOLATE NORTH AMERICA OUTER DR COCOA, FL 32926	\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	OWENS-ILLINOIS, INC. AND O-I CHARITIES FOUNDATION 1 MICHAEL OWENS WAY	s 175,000.	Person X Payroll Noncash
202452 11 0	PERRYSBURG, OH 43551		(Complete Part II for noncash contributions.)

KEEP AMERICA BEAUTIFUL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
13	PERNOD RICARD 445 HAMILTON AVE SUITE 801 WHITE PLAINS, NY 10601	\$ <u>155,000</u> .	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
14	REYNOLDS AMERICAN FOUNDATION P.O. BOX 891 PLAZA BUILDING 14TH FLOOR WINSTON-SALEM, NC 27102-0891	\$ <u>150,000</u> .	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

KEEP AMERICA BEAUTIFUL, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-08		\$	990 990-F7 or 990-PF) (3

Employer identification number

Name of organization

13-1761633 KEEP AMERICA BEAUTIFUL, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KEEP AMERICA BEAUTIFUL, INC.

Employer identification number 13-1761633

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990. Part X		▶ \$

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Schedule D (Form 990) 2018

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

	t III Organizations Maintaining C	collections of A	•		or Othe	er Simil		ts/contin		<u> </u>
3	Using the organization's acquisition, accessi									
Ū	(check all that apply):									
а										
b										
C	Preservation for future generations	Ç								
4										
5										
_	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Par		· ·				,	,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other as	sets not	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year									
f	Ending balance					1f		_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or co	ustodial acco	unt liabi	lity?	L	Yes	Щ	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete in		swered "Yes" on Fo	i -				1		
		(a) Current year	(b) Prior year	(c) Two year						
	Beginning of year balance	3,445,952.	2,947,104.	3,077	,573.	3,0	012,189.	2	841,0	38.
	Contributions		159.							
	Net investment earnings, gains, and losses	12,218.	526,683.	97	,029.		92,520.		197,2	21.
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	650,000.	07.004		954.		07.105		25.0	
f	Administrative expenses	28,903.	27,994.		,544.		27,136.		26,0	
g	End of year balance	2,779,267.	3,445,952.		,104.	3,0	077,573.	3	012,1	89.
2	Provide the estimated percentage of the curr	rent year end balanc 100.00		a)) held as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	The percentages on lines 2s. 2h, and 2s she	%								
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse	•	ation that are hold a	nd administs	rad far t	ho organi	zation			
Sa	by:	SSION OF THE Organiza	ation that are neid a	nu auministe	ieu ioi t	ne organi.	Zation	Г	Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza							· — • • •		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990	, Part X,	, line 10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) A	ccumulate	ed	(d) Bool	value	
		basis (investn		(other)		preciation	I			
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment		61	6,312.	Į.	569,3	92.	4 (5,92	0.
	Other									

Schedule D (Form 990) 2018

46,920.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2018 KEEP AMERIC.	A BEAUTIFUL,	INC.	13-	-1761633	Page
Part VII Investments - Other Securities.					1 ago
Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11b. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end	-of-year market v	/alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other	<u> </u>				
(A)					
(B)					
(C)	_				
(D)					
(E)					
(F)					
(G)	<u> </u>				
(H)	<u> </u>				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	_				
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" (a) Description of investment				-f.,,,,,-,-,-,-,-,-,-,-,-,-,-,-,-,-,	
· · ·	(b) Book value	(c) Method of Va	aluation: Cost or end	-or-year market v	/alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Tatal (Col. (b) must equal Form 000, Port V, col. (P) line 12.)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 000 Port IV liv	00 11d Soo Form 000	Part V lina 15		
	Description	le 11d. See 1 omi 990,	rant A, line 15.	(b) Book va	lue
	20001 21011			(b) Book va	
<u>(1)</u> (2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	- 15)		•		
Part X Other Liabilities.	, 10.,				
Complete if the organization answered "Yes"	on Form 990. Part IV. lir	ne 11e or 11f. See Form	990, Part X. line 25		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(2)					

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2018

4c

8,407,057.

Part XI	Recond	ciliation of Revenue	per Audited Financial Statements With Revenue per	Return

Pa	Reconciliation of Revenue per Audited Financial Sta	tements with	i Revenue per R	eturi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	8,202,706.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-287,542.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d			273,724.		
е	Add lines 2a through 2d			2e	-13,818.
3	Subtract line 2e from line 1			3	8,216,524.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,216,524.
Pa	rt XII Reconciliation of Expenses per Audited Financial St		h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.			
1	Total expenses and losses per audited financial statements			1	8,680,781.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
	Carlot 100000	20			
d			273,724.		
	Other (Describe in Part XIII.)	2d	-	2e	273,724.
	Other (Describe in Part XIII.)	2d		2e 3	273,724. 8,407,057.
е	Other (Describe in Part XIII.) Add lines 2a through 2d	2d			
е 3	Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2d			

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

c Add lines 4a and 4b

THE PURPOSE OF THE FUND IS TO HELP ENSURE THE LONG- TERM CONTINUITY OF KAB

AND ITS FUTURE ABILITY TO CARRY OUT ITS CHARITABLE MISSION. THE FUND IS

ADMINISTERED BY THE EXECUTIVE COMMITTEE OF THE BOARD IN ACCORDANCE WITH

POLICIES ADOPTED BY THE BOARD AS THE FUND IS BOARD DESIGNATED. THE

AMOUNTS ARE INCLUDED IN UNRESTRICTED NET ASSETS. ALL INTEREST AND

DIVIDEND EARNINGS ARE REINVESTED INTO THE FUND AS THEY ARE EARNED.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE FASB'S GUIDANCE ON UNCERTAIN TAX POSITIONS

THAT MAY REQUIRE FINANCIAL STATMENT RECOGNITION. THE ORGANIZATION

ANALYZED ITS TAX FILING POSITIONS IN ALL JURISDICTIONS IT IS REQUIRED TO

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Part XIII | Supplemental Information (continued) FILE TAX RETURNS, AS WELL AS OPEN TAX YEARS IN THESE JURISDICTIONS. ON THIS REVIEW, NO RESERVES FOR UNCERTAIN TAX POSITIONS WERE REQUIRED TO HAVE BEEN RECORDED IN ACCORDANCE WITH GAAP IN EITHER 2018 OR 2017. ADDITION, THE ORGANIZATION DETERMINED THAT IT DID NOT NEED TO RECORD ANY TAX- RELATED INTEREST OR PENALTIES IN EITHER YEAR. THE ORGANIZATION WILL CONTINUE TO REVIEW THE RELEVANT AUTHORITATIVE GUIDANCE AS SUCH RELATES TO ITS FINANCIAL STATEMENTS AND CONCLUSIONS REACHED REGARDING UNCERTAIN TAX POSITIONS, WHICH MAY BE SUBJECT TO REVIEW AND ADJUSTMENT AT A LATER DATE BASED ON ONGOING ANALYSIS OF TAX LAWS, REGULATIONS, AND INTERPRETATIONS, THEREOF TO THE EXTENT THAT THE ASSESMENT OF THE CONCLUSIONS REACHED REGARDING UNCERTAIN TAX POSTION CHANGES, SUCH CHANGES IN ESTIMATE WIL BE RECORDED IN THE PERIOD IN WHICH SUCH DETERMINATION IS MADE. PART XI, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES THAT ARE INDIRECT -189,522.IN KIND REVENUE 463,246. TOTAL TO SCHEDULE D, PART XI, LINE 2D 273,724. PART XII, LINE 2D - OTHER ADJUSTMENTS: IN KIND EXPENSES 463,246. FUNDRAISING EXPENSES THAT ARE INDIRECT -189,522. TOTAL TO SCHEDULE D, PART XII, LINE 2D 273,724.

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization KEEP AMERICA BEAUTIFUL, INC. 13-1761633 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2018

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

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered	d "Yes" on Form 990, Par	t IV, line 18, or reported	
		or iditaraising event contributions and gr	(a) Event #1 VISION DINNER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	Coi. (C))
Revenue	1	Gross receipts	660,503.			660,503
	2	Less: Contributions	627,143.			627,143.
	3	Gross income (line 1 minus line 2)	33,360.			33,360.
	4	Cash prizes				
Sé	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	89,749.			89,749.
	8	Entertainment Other direct expenses	45 544			47,511.
	10	Direct expense summary. Add lines 4 throug		1	•	137,260.
	11	Net income summary. Subtract line 10 from	line 3, column (d)		>	-103,900.
Pa	rt l		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
Revenue		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Rev	1	Gross revenue				
ses	2	Cash prizes				
zxpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses	V 0/	W ₂ = 0/	V 0/	
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
9	En	er the state(s) in which the organization cond	ucts gaming activities:			
		he organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
	_					
		ere any of the organization's gaming licenses r	evoked, suspended, or t	erminated during the tax	year?	Yes No

Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 KEEP AMERICA BEAUTIFUL, INC. 13-	1761633	Page 3
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:		
	The organization's facility	13a	%
	An outside facility	ISD	90
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 >\$		
	If "Yes," enter name and address of the third party:		
·	The rest, enter hand address of the time party.		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name		
	Coming manager companyation • •		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	… └── Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	, , , , , , , , , , , , , , , , , , , ,		

Schedule G	(Form 990 or 990-EZ)	KEEP AMERIC	A BEAUTIFUL,	INC.	13-1761633 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)			· ·
-					
-					
-					
-					

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

KEEP AMERICA BEAUTIFUL, INC.

Employer identification number 13-1761633

VEEL AMEK	ICA PEAUI	TLOD, TMC.					13-1/01	033
Part I General Information on Grants a	nd Assistance					•		
Does the organization maintain records t	o substantiate the	amount of the grants	s or assistance, the	grantees' eligibili	ty for the grants or as	sistance, and the selec	tion	
criteria used to award the grants or assis	stance?						X Yes	No
2 Describe in Part IV the organization's pro	cedures for monit							
Part II Grants and Other Assistance to I	Domestic Organia	zations and Domesti	ic Governments. C	omplete if the org	anization answered "	Yes" on Form 990, Part	t IV, line 21, for any	
recipient that received more than \$	5,000. Part II can	be duplicated if addit	tional space is need	ded.				
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance	ıt
GWINNETT CLEAN AND BEAUTIFUL 750 S. PERRY ST., SW SUITE 310 LAWRENCEVILLE, GA 30045	26-2969476		20,000.	0.	CASH		PROJECT GRANTS	
KEEP DIAMONDHEAD BEAUTIFUL 63767 DIAMONDHEAD DRIVE NORTH DIAMONDHEAD, MS 39525	46-4020433		19,000.	0.	CASH		PROJECT GRANTS	
KEEP BALTIMORE BEAUTIFUL/BALTIMORE TREE TRUST - ONE NORTH CHARLES STREET - BALTIMORE, MD 21201	26-4031411		18,000.	0.	CASH		PROJECT GRANT	
KEEP GOLDEN ISLES BEAUTIFUL PO BOX 1493 BRUNSWICK, GA 31521	58-2393363		14,500.	0.	CASH		PROJECT GRANTS	
KEEP VIRGINIA BEACH BEAUTIFUL 3024 HOLLAND ROAD VIRGINIA BEACH, VA 23453	54-0722061		12,250.	0.	CASH		PROJECT GRANTS	
KAB OF ROME NY DBA ROME CLEAN & GREEN 415 N. MADIS ROME, NY 13440	22-3188213		11,770.	0.2	CASH		PROJECT GRANTS	
2 Enter total number of section 501(c)(3) at		l ganizations listed in th	,					83.
3 Enter total number of other organizations							········ <u> </u>	2.

KEEP AMERICA BEAUTIFUL, INC. 13-1761633 Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV. assistance appraisal, other) THE TRUSTEES OF RESERVATIONS 200 HIGH ST BOSTON, MA 02110 04-2105780 10,000 0.CASH PROJECT GRANTS KEEP NORTH MIAMI BEAUTIFUL 776 NE 125TH ST. NORTH MIAMI, FL 33161 59-6000390 9,500 0.CASH PROJECT GRANTS KEEP DONA ANA COUNTY BEAUTIFUL 845 N MOTEL BLVD LAS CRUCES, NM 88007 85-6000281 9,000 0.CASH PROJECT GRANTS KEEP NASHVILLE BEAUTIFUL 750 SOUTH FIFTH STREET NASHVILLE, TN 37206 62-0694743 5,000 0.CASH PROJECT GRANTS KEEP BLACKSTONE VALLEY BEAUTIFUL 175 MAIN ST. PAWTUCKET, RI 02860 05-0424318 0.CASH PROJECT GRANTS 9,000 KNOX INC. 75 LAUREL ST. HARTFORD, CT 06106 06-0985421 0.CASH PROJECT GRANTS 5,000 GROW NYC PO BOX 2327 13-2765465 NEW YORK, NY 10272 12 000 0.CASH PROJECT GRANTS BOISE CITY PUBLIC WORKS SOLID WASTE DEPT - PO BOX 500 - BOISE. ID 83701 18-6000165 50,000 0.CASH PROJECT GRANTS KEEP DALLAS BEAUTIFUL

PROJECT GRANTS

201 COMMERCE STREET SUITE 604

20-0768327

CARROLLTON, TX 75202

26,500

0.CASH

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEEP HIGHWAY PARK BEAUTIFUL							
PO BOX 1678							
LAKE PLACID, FL 33862	20-2728475		10,000.	0	CASH		PROJECT GRANTS
man imeis, in escen	20 2720173		10,000.	•			THOOLOT CHILTE
BEAUTIFY BONNEY LAKE							
PO BOX 7431							
BONNEY LAKE, WA 98391	20-3527768		10,000.	0.	CASH		PROJECT GRANTS
·			,				
KEEP SAVANNAH BEAUTIFUL (GA)							
1327 DEAN FOREST RD							
SAVANNAH, GA 31405	20-8102577		5,000.	0.	CASH		PROJECT GRANTS
KEEP PHILADELPHIA BEAUTIFUL							
1315 WALNUT STREET SUITE 320							
PHILADELPHIA, PA 19103	22-2694769		38,000.	0.	CASH		PROJECT GRANTS
KEEP PENNSYLVANIA BEAUTIFUL							
105 WEST 4TH ST.							L
GREENSBURG, PA 15601	25-1645291		35,000.	0.	CASH		PROJECT GRANTS
KEEP BLAIR BEAUTIFUL							
1301-12TH STREET							
ALTOONA, PA 16601	25-1700926		19,000.	0	CASH		PROJECT GRANTS
ADIOONA, IA 10001	23 1700320		15,000.	٠.	CASII		I KOOLET GRANTS
PRIDE IN MCALESTER							
P.O. BOX 583							
MCALESTER, OK 74502	26-3171523		9,500.	0.	CASH		PROJECT GRANTS
•			,				
KEEP CINCINNATI BEAUTIFUL							
1115 BATES AVENUE							
CINCINNATI, OH 45225	31-0948219		18,500.	0.	CASH		PROJECT GRANTS
KEEP INDIANAPOLIS BEAUTIFUL (IN)							
1029 FLETCHER AVE., SUITE 100							
INDIANAPOLIS, IN 46203	31-1005792		20,000.	0.	CASH		PROJECT GRANTS

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) Liiv	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
KEEP OHIO BEAUTIFUL, INC.							
PO BOX 13135							
FAIRLAWN, OH 44334	31-1775229		31,000.	0.	CASH		PROJECT GRANTS
VERMONT COMMUNITY GARDEN NETWORK,							
INC - 12 NORTH ST, #5 -							
BURLINGTON, VT 05401	31-1783597		20,000.	0.	CASH		PROJECT GRANTS
CITY OF NEWARK							
40 WEST MAIN ST							
NEWARK, OH 43055	31-6400237		10,000.	0.	CASH		PROJECT GRANTS
KEEP AKRON BEAUTIFUL							
350 E. MARKET ST.							
AKRON, OH 44305	34-1341298		19,000.	0.	CASH		PROJECT GRANTS
KEEP MENTOR BEAUTIFUL							
8500 CIVIC CENTER BLVD.							
MENTOR, OH 44060	34-6001861		9,000.	0.	CASH		PROJECT GRANTS
GREEN YOUNGSTOWN							
20 W FEDERAL ST. SUITE 602							
YOUNGSTOWN, OH 44503	34-6003189		24,500.	0.	CASH		PROJECT GRANTS
KEEP VERMILION COUNTY BEAUTIFUL							
1155 E. VORHEES STREET							
DANVILLE, IL 61832	37-1425420		11,760.	0.	CASH		PROJECT GRANTS
KEEP GENESSEE COUNTY BEAUTIFUL							
502 CHURCH ST							
FLINT, MI 48502	38-1359516		12,500.	0.	CASH		PROJECT GRANTS
			·				
KEEP DETROIT BEAUTIFUL							
5700 RUSSELL ST.	20 0005050		10.000	_			DD0.1868 6D1115
DETROIT, MI 48211	38-2885952		10,000.	0.	CASH		PROJECT GRANTS

		IFUL, INC.					.3-1761633 Page 1
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLFAX AVE BUSINESS IMPROVEMENT DISTRICT - PO BOX 18853 - DENVER, CO 80218	45-1293773		9,000.	0.	CASH		PROJECT GRANTS
KEEP CASS COUNTY BEAUTIFUL 513 VINE ST. LOUISVILLE, NE 68037	45-4905721		5,500.	0.	CASH		PROJECT GRANTS
KEEP OMAHA BEAUTIFUL 1819 FARNAM ST SUITE 306 OMAHA, NE 68183	47-0536460		20,000.	0.	CASH		PROJECT GRANTS
KEEP BEATRICE BEAUTIFUL, INC. 205 N. FOURTH STREET BEATRICE, NE 68310	47-0655447		12,000.	0.	CASH		PROJECT GRANTS
KEEP BROWN COUNTY BEAUTIFUL, INC. P.O. BOX 299 NASHVILLE, IN 47448	47-4739682		13,310.	0.	CASH		PROJECT GRANTS
CITIZENS COMMITTEE FOR NEW YORK CITY - 77 WATER STREET SUITE 202 - NEW YORK, NY 10031	51-0171818		5,000.	0.	CASH		PROJECT GRANTS
KEEP PRINCE WILLIAM BEAUTIFUL 4391 RIDGEWOOD CENTER DR. SUITE F PRINCE WILLIAM, VA 22192	52-1379942		7,000.	0.	CASH		PROJECT GRANTS
KEEP VIRGINIA BEAUTIFUL P. O. BOX 73503 RICHMOND, VA 23235	54-0831204		20,000.	0.	CASH		PROJECT GRANTS
KEEP MECKLENBURG BEAUTIFUL 734 E 10TH STREET CHARLOTTE, NC 28202	56-6001283		10,000.	0.	CASH		PROJECT GRANTS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEEP THE MIDLANDS BEAUTIFUL							
1307 AUGUSTA RD.							
WEST COLUMBIA, SC 29160	57-0888246		5,000.	0.	CASH		PROJECT GRANTS
KEEP CHARLESTON BEAUTIFUL							
823 MEETING STREET							
CHARLESTON, SC 29403	57-6000226		20,500.	0.	CASH		PROJECT GRANTS
KEEP WINSTON-SALEM BEAUTIFUL (NC)							
548 PAUL HOWELL DR							
WINSTON-SALEM, NC 27101	58-1394451		9,500.	0.	CASH		PROJECT GRANTS
WEED CODD DENIMIEU							
KEEP COBB BEAUTIFUL 1792 COUNTY SERVICES PARKWAY							
MARIETTA, GA 30008	58-1659192		60,000.	0	CASH		PROJECT GRANTS
millin, di 3000	30 1033132		00,000.	Ŭ.	Chon		I KOODET GRINTD
KEEP ATHENS-CLARKE COUNTY							
BEAUTIFUL - 725 HANCOCK INDUSTRIAL							
WAY - ATHENS, GA 30601	58-1819603		5,500.	0.	CASH		PROJECT GRANTS
KEEP SMYRNA BEAUTIFUL, INC.							
200 VILLAGE GREEN CIRCLE ATT: ANN F	58-1895571		7 000		CASH		DDO TEGE GDANEG
SMYRNA, GA 30080	56-1695571		7,000.	0.	CASH		PROJECT GRANTS
DODGE COUNT BOARD OF COMMISSIONERS							
PO BOX 818							
EASTMAN, GA 31023	58-6000815		5,000.	0.	CASH		PROJECT GRANTS
KEEP LEE COUNTY BEAUTIFUL							
P. O. BOX 9244			10.000	_			DD0.THGE GD
FORT MEYERS, FL 33902-9244	59-2977558		18,000.	0.	CASH		PROJECT GRANTS
KEEP ALACHUA BEAUTIFUL							
211 SW 4TH AVENUE SUITE 1							
GAINESVILLE, FL 32601	59-3078627		21,000.	0.	CASH		PROJECT GRANTS

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	. ,	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
KEEP ALACHUA COUNTY BEAUTIFUL							
211 SW 4TH STREET SUITE 1							
GAINESVILLE, FL 32601	59-3078627		18,000.	0.	CASH		PROJECT GRANTS
KEEP PINELLAS BEAUTIFUL							
5090 66TH STREET NORTH	F0 2100160		04 500	0	a. a		DD 0 TEGET GD 137EG
ST. PETERSBURG, FL 33709	59-3120169		24,500.	0.	CASH		PROJECT GRANTS
KEEP TAMPA BAY BEAUTIFUL							
730 WEST EMMA STREET							
TAMPA, FL 33603	59-5130612		33,500.	0.	CASH		PROJECT GRANTS
KEEP PORT ST. LUCIE BEAUTIFUL							
450 SW THORNHILL DRIVE							
PORT ST. LUCIE, FL 34984-4370	59-6141662		5,500.	0.	CASH		PROJECT GRANTS
KEEP LEXINGTON-FAYETTE COUNTY							
BEAUTIFUL - 200 E. MAIN STREET, #913 - LEXINGTON, KY 40507	61-0858140		15,500.	0	CASH		PROJECT GRANTS
KEEP TENNESSEE BEAUTIFUL	01-0050140		15,500.	0.	CASI		PROJECT GRANTS
UNIVERSITY OF MEMPHIS 976 W. PARK							
LOOP, SUITE 113 - MEMPHIS, TN							
38152	62-0648618		18,500.	0	CASH		PROJECT GRANTS
	01 0010010		10,000.				
METRO NASHVILLE BEAUTIFICATION &							
ENVIRONMENT COMMISSION - 750 SOUTH							
FIFTH STREET - NASHVILLE, TN 37206	62-0694743		9,000.	0.	CASH		PROJECT GRANTS
KEEP KNOXVILLE BEAUTIFUL							
PO BOX 385							
KNOXVILLE, TN 37901	62-1094445		15,500.	0.	CASH		PROJECT GRANTS
KEEP BLOUNT BEAUTIFUL							
356 SANDERSON ST							
ALCOA, TN 37701	62-1486298		5,500.	_	CASH		PROJECT GRANTS

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEEP MOBILE BEAUTIFUL							
P. O. BOX 1827							
MOBILE, AL 36582	63-1085515		18,000.	0.	CASH		PROJECT GRANTS
•			,				
KEEP JACKSON BEAUTIFUL, INC.							
510 GEORGE ST							
JACKSON, MS 39206	64-0414521		27,443.	0.	CASH		PROJECT GRANTS
KEEP INDIAN RIVER BEAUTIFUL, INC.							
1596 OLD DIXIE HWY	CF 0712624		27 000		G 2 G 11		DDO TEGE GDANEG
VERO BEACH, FL 32960	65-0712624		37,000.	0.	CASH		PROJECT GRANTS
KEEP CALIFORNIA BEAUTIFUL							
8665 SOUTH UNION							
BAKERSFIELD, CA 93307	68-0224415		13,000.	0.	CASH		PROJECT GRANTS
,			, , , , , ,				
KEEP CALIFORNIA BEAUTIFUL							
SACRAMENTO STATE - 6001 M STREET -							
SACRAMENTO, CA 95819	68-0224415		9,000.	0.	CASH		PROJECT GRANTS
KEEP HAMMOND BEAUTIFUL							
PO BOX 2788							
HAMMOND, LA 70404	72-0573539		18,000.	0.	CASH		PROJECT GRANTS
KEEP LOUISIANA BEAUTIFUL							
807 N. COLUMBIA STREET							
COVINGTON, LA 70433	72-1499919		26,500.	0.	CASH		PROJECT GRANTS
KEEP TANGIPAHOA BEAUTIFUL							
113 NORTH BAY STREET							
	72-6001371		7 000	_	CASH		PROJECT GRANTS
AMITE, LA 70422	/2-00013/1		7,000.	٠.	CASI	1	FROUECI GRANTS
OKC BEAUTIFUL							
3535 N. CLASSEN							
OKLAHOMA CITY, OK 73118	73-0785200		10,000.	0	CASH		PROJECT GRANTS

Schedule I (Form 990)

KEEP AMERICA BEAUTIFUL, INC. 13-1761633 Schedule I (Form 990) Page 1 Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV. assistance appraisal, other) RETREET 5706 EAST MOCKINGBIRD LN DALLAS, TX 75206 74-2281419 15,000 0.CASH PROJECT GRANTS KEEP PORT ARANSAS BEAUTIFUL P O BOX 595 PORT ARANSAS, TX 78373 74-2568260 12,000 0.CASH PROJECT GRANTS KEEP LAKE JACKSON BEAUTIFUL 25 OAK DRIVE ATT: TERRI CARDWELL LAKE JACKSON, TX 77566 74-6001556 22,000 0.CASH PROJECT GRANTS KEEP SAN SABA BEAUTIFUL PO BOX 294 0.CASH SAN SABA, TX 76877 746-00-2251 PROJECT GRANTS 5,000 KEEP TEXAS BEAUTIFUL 8850 BUSINESS PARK DR. SUITE 200 PROJECT GRANTS 74-7055759 0.CASH AUSTIN, TX 78759 16,156 KEEP LEWISVILLE BEAUTIFUL 113 N POYDRAS ST. SUITE 207 LEWISVILLE, TX 75057 75-2488233 0.CASH PROJECT GRANTS 13,250 KEEP DENTON BEAUTIFUL 608 E HICKORY 75-2550483 DENTON, TX 76205 13 500 0.CASH PROJECT GRANTS KEEP IRVING BEAUTIFUL 3000 ROCK ISLAND ROAD P. O. BOX 154 IRVING, TX 75060 75-2580047 5,000 0.CASH PROJECT GRANTS KEEP TYLER BEAUTIFUL/CITY OF TYLER 2000 W. FRONT STREET

PROJECT GRANTS

TYLER, TX 75702

75-6000697

22,500

0.CASH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEEP CANTON BEAUTIFUL							
816 RANKIN ROAD							
CANTON, MS 39046	82-0815569		9,500.	0.	CASH		PROJECT GRANTS
KEEP CHAVES COUNTY BEAUTIFUL							
720-A SOUTH SUNSET AVENUE							
ROSWELL, NM 88203	82-3348371		20,000.	0.	CASH		PROJECT GRANTS
KEEP PHOENIX BEAUTIFUL							
200 WEST WASHINGTON ST. 16TH FLOOR							
PHOENIX, AZ 85003	86-0456964		14,500.	0.	CASH		PROJECT GRANTS
·			,				
KEEP THE HAWAIIAN ISLANDS							
BEAUTIFUL - P. O. BOX 2610 -							
WAILUKU, HI 96793	90-0411871		5,000.	0.	CASH		PROJECT GRANTS
KEEP RIVERSIDE CLEAN & BEAUTIFUL							
3985 UNIVERSITY AVE.							
RIVERSIDE, CA 92601	95-1154480		7,000.	0.	CASH		PROJECT GRANTS
I LOVE A CLEAN SAN DIEGO							
2508 HISTORIC DECATUR RD. STE. 150							
SAN DIEGO, CA 92106	95-2566791		17,500.	0	CASH		PROJECT GRANTS
BIN BILOO, ON 52100	33 2300731		17,300.	<u> </u>	Cribii		INOUDEL CHANTS
ECOSUPERIOR ENVIRONMENTAL PROGRAM							
562 RED RIVER ROAD							
ONTARIO, CANADA			9,000.	0.	CASH		PROJECT GRANT
,			,				
							Schedule I (For

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
KAB PRIMARILY MAKES GRANTS TO ITS	AFFILIAT	E ORGANIZA	TIONS (BUT	NOT	
EXCLUSIVELY). IN ORDER FOR AN AFF	ILIATE TO	D BE ELIGI	BLE THEY M	UST BE DEEMED	
"IN GOOD STANDING WITH SPECIFIC KA	B REGULA	rions." i	N MOST INS	TANCES, ONCE	
A GRANT IS DISTRIBUTED, THE RECIPI	ENT ORGAI	NIZATION N	EEDS TO CO	MPLETE A	
REPORT TO INDICATE THAT THE PROCEE	DS OF TH	E GRANT WE	RE SPENT A	S INTENDED	
AND MEASURE CERTAIN OUTCOMES OR ME	TRICS. I	F THE GRAN	T RECIPIEN	T CANNOT	
FULFILL THE GRANT AS INTENDED, THE	Y WILL R	ETURN THE	PROCEEDS B	ACK TO KAB.	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

KEEP AMERICA BEAUTIFUL, INC. Employer identification number 13-1761633

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(5)(1)-(0)	reported as deferred on prior Form 990
(1) HELEN LOWMAN	(i)	275,000.	0.	0.	9,167.	17,481.	301,648.	0.
PRESIDENT & CEO/DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATHLEEN QUINN	(i)	132,993.	0.	0.	6,649.	31,143.	170,785.	0.
FINANCE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) REBECCA LYONS	(i)	183,102.	0.	0.	9,155.	31,725.	223,982.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2018 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

KEEP AMERICA BEAUTIFUL, INC.

Employer identification number 13-1761633

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

KEEP AMERICA BEAUTIFUL INSPIRES AND EDUCATES PEOPLE TO TAKE ACTION

EVERY DAY THAT IMPROVES AND BEAUTIFIES THEIR COMMUNITY'S ENVIRONMENT.

FORM 990, PART III, LINE 1, ORGANIZATION'S MISSION: KEEP AMERICA BEAUTIFUL, THE NATION'S LEADING COMMUNITY IMPROVEMENT INSPIRES AND EDUCATES PEOPLE TO TAKE ACTION NONPROFIT ORGANIZATION, EVERY DAY TO IMPROVE AND BEAUTIFY THEIR COMMUNITY ENVIRONMENT. ESTABLISHED IN 1953, KEEP AMERICA BEAUTIFUL STRIVES TO END LITTERING, IMPROVE RECYCLING, AND BEAUTIFY AMERICA'S COMMUNITIES. WE BELIEVE EVERYONE HAS A RIGHT TO LIVE IN A CLEAN, GREEN AND BEAUTIFUL COMMUNITY, AND SHARES A RESPONSIBILITY TO CONTRIBUTE TO THAT VISION. BEHAVIOR CHANGE - STEEPED IN EDUCATION, RESEARCH AND BEHAVIORAL SCIENCE - IS THE CORNERSTONE OF KEEP AMERICA BEAUTIFUL. WE EMPOWER GENERATIONS OF COMMUNITY AND ENVIRONMENTAL STEWARDS WITH VOLUNTEER PROGRAMS, HANDS-ON EXPERIENCES, EDUCATIONAL CURRICULA, PRACTICAL ADVICE AND OTHER RESOURCES. THE ORGANIZATION IS DRIVEN BY THE WORK AND PASSION OF MORE THAN 600 KEEP AMERICA BEAUTIFUL AFFILIATES, MILLIONS OF VOLUNTEERS, AND THE COLLABORATIVE SUPPORT OF CORPORATE PARTNERS, SOCIAL AND CIVIC SERVICE ORGANIZATIONS, ACADEMIA, MUNICIPALITIES, ELECTED OFFICIALS, INDIVIDUALS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THOUSANDS OF COMMUNITY VOLUNTEERS, AIDED BY THE PASSION AND EXPERTISE

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

Employer identification number

KEEP AMERICA BEAUTIFUL, INC. 13-1761633

OF MORE THAN 1,500 LOWE'S HEROES; SUPPORTED THE COLLECTION OF MORE THAN

1 MILLION POUNDS OF LITTER AND DEBRIS FOR PROPER DISPOSAL; PLANTED 1

MILLION FLOWERS AND BULBS, AND NEARLY 6,500 TREES; FUNDED THE

ESTABLISHMENT AND MAINTENANCE OF 1,200 COMMUNITY GARDENS; AND BUILT AND

RESTORED 361 PLAYGROUNDS AND RECREATIONAL AREAS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SURVEY RESULTS ALSO DEMONSTRATE THAT AS COMMUNITIES CONTINUE TO

IMPLEMENT AND MONITOR THE PROGRAM THOSE REDUCTIONS ARE SUSTAINED OR

EVEN INCREASED OVER TIME. KEEP AMERICA BEAUTIFUL HAS DISTRIBUTED OVER

\$3 MILLION IN GRANT FUNDING TO SUPPORT LOCAL IMPLEMENTATION OF THE

PROGRAM IN MORE THAN 1,800 COMMUNITIES NATIONWIDE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CIVIC LEADERS. A SUCCESSFUL GREAT AMERICAN CLEANUP PROJECT MUST FULFILL

THE NEEDS OF THE LOCAL COMMUNITY; THAT'S WHY WE WORK WITH LOCAL

LEADERS, BUSINESS AND KEY STAKEHOLDERS TO GAIN KNOWLEDGE ABOUT THE

COMMUNITY'S NEEDS AND CAREFULLY SELECT AND EXECUTE APPROPRIATE

PROJECTS.

THE GREAT AMERICAN CLEANUP BEGAN AS A LITTER CLEANUP INITIATIVE

DESIGNED TO AESTHETICALLY IMPROVE OUR ENVIRONMENT BY CREATING CLEANER

PARKS, STREETSCAPES AND PUBLIC SPACES THROUGH LITTER REMOVAL AND

ELIMINATION. TO THIS DAY, COMMUNITY CLEANUPS REMAIN AT THE VERY HEART

OF THE CAMPAIGN, AND THE RESULTS ARE REMARKABLE. IN 2018 ALONE, NEARLY

93 MILLION POUNDS OF LITTER AND RECYCLABLES WERE COLLECTED BY

VOLUNTEERS THROUGHOUT THE COUNTRY.

EDUCATE YOUNG GARDENERS.

Name of the organization

Employer identification number

OUR COMMUNITY GREENING AND BEAUTIFICATION EFFORTS RANGE FROM NEW TREE

PLANTINGS THAT PROVIDE SHADE AND SEQUESTER CARBON TO PLANTING FLOWER

GARDENS THAT CREATE VIBRANT GATEWAYS TO SHOPPING AND ENTERTAINMENT

DISTRICTS TO CREATING COMMUNITY GARDENS THAT HELP FEED THE HUNGRY AND

THROUGH A WIDE ARRAY OF WORKSHOPS, SPECIAL EVENTS AND ON-THE-GROUND

SERVICE PROJECTS, LEADERS FROM OUR AFFILIATE NETWORK AND PARTICIPATING

ORGANIZATIONS ARE HELPING TO CHANGE ATTITUDES AND BEHAVIORS TOWARD THE

ENVIRONMENT BY ENGAGING YOUNG AND OLD ALIKE.

KEEP AMERICA BEAUTIFUL STRIVES TO MOTIVATE MORE AMERICANS TO MAKE

INFORMED DECISIONS AND TAKE SIMPLE, EVERYDAY ACTIONS TO REDUCE, REUSE

AND RECYCLE RIGHT THROUGH THEIR PARTICIPATION IN THE GREAT AMERICAN

CLEANUP. THROUGH PROGRAMS SUCH AS THE GREAT AMERICAN CLEANUP, KEEP

AMERICA BEAUTIFUL TRANSFORMS PUBLIC PLACES INTO BEAUTIFUL SPACES

HELPING TO MAKE COMMUNITIES THAT ARE ENVIRONMENTALLY HEALTHY, SOCIALLY

CONNECTED AND ECONOMICALLY SOUND.

FORM 990, PART VI, SECTION B, LINE 10B:

THE LOCAL AFFILIATES ARE SEPARATE NONPROFIT ENTITIES AND/OR AGENCIES OF

LOCAL GOVERNMENTS THAT ARE NOT CONTROLLED BY KAB AND THEREFORE KAB DOES NOT

HAVE WRITTEN POLICIES AND PROCEDURES IN PLACE TO GOVERN THE ACTIVITIES OF

THESE AFFILIATES.

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

THE FORM 990 IS REVIEWED BY KAB'S CHIEF OPERATING OFFICER, PRESIDENT,

KEEP AMERICA BEAUTIFUL, INC.	13-1761633
FINANCE DIRECTOR AND ACCOUNTANT PRIOR TO ITS FILING. BEFO	RE THE PRESIDENT
OF KAB SIGNS THE RETURN AND PRIOR TO ITS FILING, THE FORM	990 IS SHARED
WITH THE FULL BOARD OF DIRECTORS	
FORM 990, PART VI, SECTION B, LINE 12C:	
IF ANY CONFLICT WERE TO ARISE, THOSE CONFLICTS WOULD BE R	EVIEWED WITH THE
INTERNAL MANAGEMENT COMMITTEE AND THE BOARD OF DIRECTORS	
FORM 990, PART VI, SECTION B, LINE 15:	
THE PROCESS FOR DETERMINING COMPENSATION INCLUDES A RECOMMENDATION THAT IS	
PROPOSED BY THE PRESIDENT AND THE CHIEF OPERATING OFFICER. THOSE	
RECOMMENDATIONS ARE REVIEWED BY THE EXECUTIVE BOARD OF THE BOARD OF	
DIRECTORS AND EITHER APPROVED OR REVISED.	
FORM 990, PART VI, SECTION C, LINE 19:	
AUDITED FINANCIAL STATEMENTS ARE PROVIDED TO THE PUBLIC AS REQUESTED AND	
ARE ALSO AVAILABLE ON KAB'S WEBSITE AS WELL AS VIA SPECIFIC NON-PROFIT	
DATABASES. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY WOULD BE	
AVAILABLE AS REQUESTED.	