

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KEEP AMERICA BEAUTIFUL, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1010 WASHINGTON BLVD. City or town, state or province, country, and ZIP or foreign postal code STAMFORD, CT 06901 F Name and address of principal officer: HELEN LOWMAN 1010 WASHINGTON BOULEVARD, STAMFORD, CT 069	D Employer identification number 13-1761633 E Telephone number 203-659-3000 G Gross receipts \$ 10,174,356. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.KAB.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1953		M State of legal domicile: CT

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O FOR THE ORGANIZATION'S MISSION.	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 30
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 52
6	Total number of volunteers (estimate if necessary)	6 75
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b 18,800.
8	Contributions and grants (Part VIII, line 1h)	8 7,222,987. 9 7,442,561.
9	Program service revenue (Part VIII, line 2g)	9 356,290. 10 459,879.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 230,642. 11 339,175.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 -60,667. 12 -25,091.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 7,749,252. 13 8,216,524.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 2,336,500. 14 1,497,026.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14 0. 15 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 2,738,838. 16a 1,472,780.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a 0. 16b 0.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 657,027.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17 3,309,068. 18 5,437,251.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18 8,384,406. 19 8,407,057.
19	Revenue less expenses. Subtract line 18 from line 12	19 -635,154. 20 -190,533.
20	Total assets (Part X, line 16)	20 8,004,255. 21 7,407,383.
21	Total liabilities (Part X, line 26)	21 914,953. 22 796,156.
22	Net assets or fund balances. Subtract line 21 from line 20	22 7,089,302. 23 6,611,227.

Part II Signature Block

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

Sign Here	Signature of officer HELEN LOWMAN, PRESIDENT & CEO Type or print name and title	Date 		
Paid Preparer Use Only	Print/Type preparer's name LORI M. BUDNICK	Preparer's signature LORI M. BUDNICK	Date 10/09/19	Check <input type="checkbox"/> if self-employed PTIN P00046310
	Firm's name ▶ BLUM, SHAPIRO & COMPANY, P.C., CPA'S	Firm's EIN ▶ 06-1009205		
	Firm's address ▶ 29 S. MAIN STREET, P.O. BOX 272000 WEST HARTFORD, CT 06127-2000	Phone no. 860 561-4000		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR ORGANIZATION'S MISSION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 623,133. including grants of \$ 562,941.) (Revenue \$ 75,000.) LOWE'S COMMUNITY PARTNERS GRANT PROGRAM - THE 2018 KEEP AMERICA BEAUTIFUL/LOWE'S COMMUNITY PARTNERS GRANT PROGRAM ENGAGED LOCAL VOLUNTEERS TO TAKE ACTION TO BENEFIT COMMUNITIES ACROSS THE COUNTRY WITH PROJECTS THAT FOCUSED ON CRITICAL NEEDS. THEY RANGED FROM RESTORING NEIGHBORHOOD PARKS AND PLANTING COMMUNITY AND SCHOOL GARDENS TO LEADING DISASTER RESTORATION INITIATIVES AND LARGE-SCALE CLEANUPS. SINCE 2011, LOWE'S HAS SUPPORTED KEEP AMERICA BEAUTIFUL AND ITS NETWORK OF MORE THAN 600 STATE AND COMMUNITY-BASED AFFILIATES WITH MORE THAN \$6 MILLION IN CONTRIBUTIONS AND THE HANDS-ON SUPPORT OF LOWE'S HEROES VOLUNTEERS. LOWE'S AND KEEP AMERICA BEAUTIFUL HAVE MOBILIZED NEARLY 54,000 COMMUNITY VOLUNTEERS SINCE THE PARTNERSHIP BEGAN. THE PARTNERSHIP BETWEEN LOWE'S AND KEEP AMERICA BEAUTIFUL HAS ENGAGED

4b (Code:) (Expenses \$ 663,204. including grants of \$ 293,900.) (Revenue \$ 30,000.) CIGARETTE LITTER PREVENTION PROGRAM - THE CIGARETTE LITTER PREVENTION PROGRAM (CLPP) IS ONE OF KEEP AMERICA BEAUTIFUL'S SIGNATURE NATIONAL PROGRAMS. IT IS DESIGNED TO SUPPORT LOCAL COMMUNITY IMPROVEMENT INITIATIVES FOR REDUCING CIGARETTE BUTT LITTER. SINCE ITS ESTABLISHMENT OVER 17 YEARS AGO, THIS SIGNATURE PROGRAM HAS CONSISTENTLY CUT CIGARETTE BUTT LITTER BY APPROXIMATELY HALF BASED ON LOCAL MEASUREMENTS TAKEN IN THE FIRST FOUR MONTHS TO SIX MONTHS AFTER PROGRAM IMPLEMENTATION. EACH YEAR, KEEP AMERICA BEAUTIFUL AWARDS CLPP GRANTS TO ITS AFFILIATES, LOCAL GOVERNMENTS, BUSINESS IMPROVEMENT DISTRICTS, DOWNTOWN ASSOCIATIONS, PARKS AND RECREATION AREAS, AND OTHER ORGANIZATIONS DEDICATED TO ERADICATING LITTER AND BEAUTIFYING THEIR COMMUNITIES.

4c (Code:) (Expenses \$ 807,559. including grants of \$ 12,500.) (Revenue \$) THE KEEP AMERICA BEAUTIFUL GREAT AMERICAN CLEANUP IS THE NATION'S LARGEST COMMUNITY IMPROVEMENT PROGRAM, WHICH TAKES PLACE ANNUALLY DURING SPRING IN AN ESTIMATED 20,000 COMMUNITIES NATIONWIDE. THIS PROGRAM, WHICH MARKED ITS 20TH YEAR IN 2018, ENGAGES MORE THAN 3 MILLION VOLUNTEERS AND PARTICIPANTS, ON AVERAGE, EVERY YEAR TO CREATE A POSITIVE AND LASTING IMPACT. AT KEEP AMERICA BEAUTIFUL, WE WORK TO INSPIRE PEOPLE TO TAKE ACTION EVERY DAY TO IMPROVE AND BEAUTIFY THEIR COMMUNITY ENVIRONMENT THROUGH PROGRAMS SUCH AS THE GREAT AMERICAN CLEANUP. THE GREAT AMERICAN CLEANUP PROMPTS INDIVIDUALS TO TAKE GREATER RESPONSIBILITY FOR THEIR LOCAL ENVIRONMENT BY CONDUCTING GRASSROOTS COMMUNITY SERVICE PROJECTS THAT ENGAGE VOLUNTEERS, LOCAL BUSINESSES AND

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,747,201. including grants of \$ 627,685.) (Revenue \$ 354,879.)

4e Total program service expenses 6,841,097.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 31		
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 relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section 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, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MONIQUE OXENDER CHAIR	1.00	X		X				0.	0.	0.
(2) PEGGY JACOBBER VICE CHAIR	1.00	X		X				0.	0.	0.
(3) THOMAS H. TAMONEY, JR. SECRETARY	1.00	X		X				0.	0.	0.
(4) TOM WALDECK TREASURER	1.00	X		X				0.	0.	0.
(5) BARRY H. CALDWELL DIRECTOR	1.00	X						0.	0.	0.
(6) TIM CAREY DIRECTOR	1.00	X						0.	0.	0.
(7) CAROLYN CRAYTON DIRECTOR	1.00	X						0.	0.	0.
(8) STEVE DEPALO DIRECTOR	1.00	X						0.	0.	0.
(9) DEBRA EVENSON DIRECTOR	1.00	X						0.	0.	0.
(10) KANIKA GREENLEE DIRECTOR	1.00	X						0.	0.	0.
(11) JENNIFER J. GRIFFIN DIRECTOR	1.00	X						0.	0.	0.
(12) KEITH GROVER DIRECTOR	1.00	X						0.	0.	0.
(13) CAREY HAMILTON DIRECTOR	1.00	X						0.	0.	0.
(14) JIM HANNA DIRECTOR	1.00	X						0.	0.	0.
(15) KIM JEFFERY DIRECTOR	1.00	X						0.	0.	0.
(16) ANNE JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(17) JON JOHNSTON DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GREG JOZWIAK DIRECTOR	1.00	X						0.	0.	0.
(19) BRUCE A. KARAS DIRECTOR	1.00	X						0.	0.	0.
(20) MAUREEN KNIGHTLY DIRECTOR	1.00	X						0.	0.	0.
(21) MISSY MARSHALL DIRECTOR	1.00	X						0.	0.	0.
(22) VIC MEHREN DIRECTOR	1.00	X						0.	0.	0.
(23) N. BRIAN PEACE DIRECTOR	1.00	X						0.	0.	0.
(24) GREGORY H. RAY DIRECTOR	1.00	X						0.	0.	0.
(25) SHANNON REITER DIRECTOR	1.00	X						0.	0.	0.
(26) STEVEN RUSSEL DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								709,435.	0.	132,768.
d Total (add lines 1b and 1c)								709,435.	0.	132,768.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	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	X
4 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	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 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 listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	627,143.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,815,418.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		7,442,561.				
	Program Service Revenue	2 a NATIONAL AND OTHER CONFERENCES	Business Code 900099	263,216.	263,216.		
b PROGRAM SERVICE FEES		900099	128,044.	128,044.			
c CERTIFICATION FEES		900099	57,900.	57,900.			
d PUBLICATION SALES		900099	10,719.	10,719.			
e							
f All other program service revenue							
g Total. Add lines 2a-2f			459,879.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		115,754.			115,754.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses		1,820,572.			
		c Gain or (loss)		223,421.			
	d Net gain or (loss)		223,421.			223,421.	
	8 a Gross income from fundraising events (not including \$ 627,143. of contributions reported on line 1c). See Part IV, line 18	a	33,360.				
		b Less: direct expenses	b	137,260.			
c Net income or (loss) from fundraising events			-103,900.			-103,900.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME	900099	78,809.			78,809.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		78,809.				
12 Total revenue. See instructions		8,216,524.	459,879.	0.	314,084.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,497,026.	1,497,026.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	407,992.	119,014.	167,885.	121,093.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	805,522.	234,977.	331,464.	239,081.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	62,050.	21,596.	20,412.	20,042.
9 Other employee benefits	108,306.	37,695.	35,628.	34,983.
10 Payroll taxes	88,910.	32,910.	26,721.	29,279.
11 Fees for services (non-employees):				
a Management				
b Legal	1,750.	572.	373.	805.
c Accounting	13,325.	4,354.	2,842.	6,129.
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. O.)	32,151.	10,251.	6,938.	14,962.
12 Advertising and promotion	34,349.	24,092.	1,130.	9,127.
13 Office expenses	22,454.	7,420.	9,315.	5,719.
14 Information technology	70,686.	36,129.	15,043.	19,514.
15 Royalties				
16 Occupancy	288,533.	205,989.	31,341.	51,203.
17 Travel	71,908.	27,158.	17,966.	26,784.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,014.	7,337.	10,586.	4,091.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	87,520.	84,525.	1,084.	1,911.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAMS	4,296,791.	4,207,200.	86,745.	2,846.
b INDIRECT SPECIAL EVENT	189,522.	189,522.		
c CONSULTANTS	124,078.	26,288.	55,112.	42,678.
d MISCELLANEOUS	88,550.	9,996.	67,757.	10,797.
e All other expenses	93,620.	57,046.	20,591.	15,983.
25 Total functional expenses. Add lines 1 through 24e	8,407,057.	6,841,097.	908,933.	657,027.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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	812,727.	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 contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	112,436.	9	111,663.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 616,312.		
	b Less: accumulated depreciation	10b 569,392.		
	11 Investments - publicly traded securities	86,857.	10c	46,920.
	12 Investments - other securities. See Part IV, line 11	4,744,215.	11	4,686,158.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,004,255.	15		
17 Accounts payable and accrued expenses	475,536.	16	7,407,383.	
18 Grants payable		17	443,184.	
19 Deferred revenue		18		
20 Tax-exempt bond liabilities	439,417.	19	352,972.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
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		24		
26 Total liabilities. Add lines 17 through 25	914,953.	25		
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	796,156.	
28 Unrestricted net assets	3,938,965.	27	3,491,754.	
29 Temporarily restricted net assets	3,150,337.	28	3,119,473.	
30 Permanently restricted net assets		29		
31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
32 Capital stock or trust principal, or current funds		30		
33 Paid-in or capital surplus, or land, building, or equipment fund		31		
34 Retained earnings, endowment, accumulated income, or other funds		32		
35 Total net assets or fund balances	7,089,302.	33	6,611,227.	
36 Total liabilities and net assets/fund balances	8,004,255.	34	7,407,383.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,216,524.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,407,057.
3	Revenue less expenses. Subtract line 2 from line 1	3	-190,533.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,089,302.
5	Net unrealized gains (losses) on investments	5	-287,542.
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	6,611,227.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2018)

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.)

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.")	7,919,386.	7,118,889.	8,359,562.	7,222,987.	7,424,921.	38,045,745.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	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.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	7,919,386.	7,118,889.	8,359,562.	7,222,987.	7,424,921.	38,045,745.
8 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.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	77,787.	8,537.	1,931.	7,328.	78,809.	174,392.
11 Total support. Add lines 7 through 10						38,719,753.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	55.10 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	56.95 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
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 qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
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" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 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 acquired after June 30, 1975						
c Add lines 10a and 10b						
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 first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

KEEP AMERICA BEAUTIFUL, INC.

Employer identification number

13-1761633

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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).

Name of organization KEEP AMERICA BEAUTIFUL, INC.	Employer identification number 13-1761633
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALTRIA GROUP 6603 W. BROAD STREET RICHMOND, VA 23230-1701	\$ 1,257,049.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AMERICAN CHEMISTRY COUNCIL 700 2ND STREET, NE WASHINGTON, DC 20002	\$ 215,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DR PEPPER SNAPPLE GROUP 5301 LEGACY DRIVE PLANO, TX 75024-3109	\$ 325,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LOWE'S COMPANIES, INC. 1000 LOWE'S BOULEVARD MOORESVILLE, NC 28117	\$ 975,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SANTA FE NATURAL TOBACCO COMPANY PO BOX 25140 SANTA FE, NM 87504	\$ 262,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE COCA-COLA COMPANY ONE COCA-COLA PLAZA ATLANTA, GA 30313-1734	\$ 378,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KEEP AMERICA BEAUTIFUL, INC.	Employer identification number 13-1761633
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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
7	THE DOW CHEMICAL COMPANY 2030 DOW CENTER MIDLAND, MI 48642	\$ 495,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	JAMESON IRISH WHISKEY BOW STREET SMITHFIELD, DUBLIN, IRELAND	\$ 1,380,101.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	KEURIG DR PEPPER, INC. 53 SOUTH AVE BURLINGTON, MA 01803	\$ 438,795.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ANHEUSER-BUSCH 1200 LYNCH ST ST LOUIS, MO 63118	\$ 363,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	MARS CHOCOLATE NORTH AMERICA OUTER DR COCOA, FL 32926	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	OWENS-ILLINOIS, INC. AND O-I CHARITIES FOUNDATION 1 MICHAEL OWENS WAY PERRYSBURG, OH 43551	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KEEP AMERICA BEAUTIFUL, INC.	Employer identification number 13-1761633
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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	\$ 155,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	REYNOLDS AMERICAN FOUNDATION P.O. BOX 891 PLAZA BUILDING 14TH FLOOR WINSTON-SALEM, NC 27102-0891	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KEEP AMERICA BEAUTIFUL, INC.	Employer identification number 13-1761633
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Part II Noncash Property (see instructions). Use duplicate copies of Part 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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization KEEP AMERICA BEAUTIFUL, INC.	Employer identification number 13-1761633
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from 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 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 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 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	

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

2018

Open to Public Inspection

Name of the organization KEEP AMERICA BEAUTIFUL, INC. **Employer identification number** 13-1761633

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above 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 conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,445,952.	2,947,104.	3,077,573.	3,012,189.	2,841,038.
b Contributions		159.			
c Net investment earnings, gains, and losses	12,218.	526,683.	97,029.	92,520.	197,221.
d Grants or scholarships					
e Other expenditures for facilities and programs	650,000.		199,954.		
f Administrative expenses	28,903.	27,994.	27,544.	27,136.	26,070.
g End of year balance	2,779,267.	3,445,952.	2,947,104.	3,077,573.	3,012,189.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		616,312.	569,392.	46,920.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				46,920.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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:		
a	Net unrealized gains (losses) on investments	2a	-287,542.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	273,724.
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,216,524.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	273,724.
e	Add lines 2a through 2d	2e	273,724.
3	Subtract line 2e from line 1	3	8,407,057.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,407,057.

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:

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 STATEMENT RECOGNITION. THE ORGANIZATION ANALYZED ITS TAX FILING POSITIONS IN ALL JURISDICTIONS IT IS REQUIRED TO

Part XIII Supplemental Information (continued)

FILE TAX RETURNS, AS WELL AS OPEN TAX YEARS IN THESE JURISDICTIONS. BASED ON THIS REVIEW, NO RESERVES FOR UNCERTAIN TAX POSITIONS WERE REQUIRED TO HAVE BEEN RECORDED IN ACCORDANCE WITH GAAP IN EITHER 2018 OR 2017. IN 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.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		VISION DINNER (event type)	(event type)	NONE (total number)	
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.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	89,749.			89,749.
	8 Entertainment				
	9 Other direct expenses	47,511.			47,511.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				137,260.
11 Net income summary. Subtract line 10 from line 3, column (d)				-103,900.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **KEEP AMERICA BEAUTIFUL, INC.** Employer identification number **13-1761633**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Purpose of grant or assistance
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.	CASH		PROJECT GRANTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **83.**

3 Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
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		9,000.	0.	CASH		PROJECT GRANTS
KNOX INC. 75 LAUREL ST. HARTFORD, CT 06106	06-0985421		5,000.	0.	CASH		PROJECT GRANTS
GROW NYC PO BOX 2327 NEW YORK, NY 10272	13-2765465		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 201 COMMERCE STREET SUITE 604 CARROLLTON, TX 75202	20-0768327		26,500.	0.	CASH		PROJECT GRANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
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. 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
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

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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 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 850 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. DETROIT, MI 48211	38-2885952		10,000.	0.	CASH		PROJECT GRANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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 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
KEEP COBB BEAUTIFUL 1792 COUNTY SERVICES PARKWAY MARIETTA, GA 30008	58-1659192		60,000.	0.	CASH		PROJECT GRANTS
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 K SMYRNA, GA 30080	58-1895571		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 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

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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 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 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 UNIVERSITY OF MEMPHIS 976 W. PARK LOOP, SUITE 113 - MEMPHIS, TN 38152	62-0648618		18,500.	0.	CASH		PROJECT GRANTS
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.	0.	CASH		PROJECT GRANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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 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 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 AMITE, LA 70422	72-6001371		7,000.	0.	CASH		PROJECT GRANTS
OKC BEAUTIFUL 3535 N. CLASSEN OKLAHOMA CITY, OK 73118	73-0785200		10,000.	0.	CASH		PROJECT GRANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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
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 SAN SABA, TX 76877	746-00-2251		5,000.	0.	CASH		PROJECT GRANTS
KEEP TEXAS BEAUTIFUL 8850 BUSINESS PARK DR. SUITE 200 AUSTIN, TX 78759	74-7055759		16,156.	0.	CASH		PROJECT GRANTS
KEEP LEWISVILLE BEAUTIFUL 113 N POYDRAS ST. SUITE 207 LEWISVILLE, TX 75057	75-2488233		13,250.	0.	CASH		PROJECT GRANTS
KEEP DENTON BEAUTIFUL 608 E HICKORY DENTON, TX 76205	75-2550483		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 TYLER, TX 75702	75-6000697		22,500.	0.	CASH		PROJECT GRANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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 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
ECOSUPERIOR ENVIRONMENTAL PROGRAM 562 RED RIVER ROAD ONTARIO, CANADA			9,000.	0.	CASH		PROJECT GRANT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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 required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

KAB PRIMARILY MAKES GRANTS TO ITS AFFILIATE ORGANIZATIONS (BUT NOT EXCLUSIVELY). IN ORDER FOR AN AFFILIATE TO BE ELIGIBLE THEY MUST BE DEEMED "IN GOOD STANDING WITH SPECIFIC KAB REGULATIONS." IN MOST INSTANCES, ONCE A GRANT IS DISTRIBUTED, THE RECIPIENT ORGANIZATION NEEDS TO COMPLETE A REPORT TO INDICATE THAT THE PROCEEDS OF THE GRANT WERE SPENT AS INTENDED AND MEASURE CERTAIN OUTCOMES OR METRICS. IF THE GRANT RECIPIENT CANNOT FULFILL THE GRANT AS INTENDED, THEY WILL RETURN THE PROCEEDS BACK TO KAB.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

KEEP AMERICA BEAUTIFUL, INC.

Employer identification number

13-1761633

Part I Questions Regarding Compensation

1a 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
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.

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

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
NONPROFIT ORGANIZATION, INSPIRES AND EDUCATES PEOPLE TO TAKE ACTION
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, AND
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)

832211 10-10-18

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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.

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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 EDUCATE YOUNG GARDENERS.

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,

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FINANCE DIRECTOR AND ACCOUNTANT PRIOR TO ITS FILING. BEFORE 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 REVIEWED 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.