

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 **2019** 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.		D Employer identification number 13-1761633
	Doing business as		E Telephone number 203-659-3000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 11,769,604.
	1010 WASHINGTON BLVD.		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code STAMFORD, CT 06901		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: HELEN LOWMAN SAME AS C ABOVE			If "No," attach a list. (see instructions)
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		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: KEEP AMERICA BEAUTIFUL INSPIRES AND EDUCATES PEOPLE TO TAKE ACTION EVERY DAY THAT IMPROVES AND		
	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	33
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	32
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	32
	6 Total number of volunteers (estimate if necessary)	6	75
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	7,442,561.	7,764,638.
	9 Program service revenue (Part VIII, line 2g)	459,879.	376,400.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	339,175.	260,680.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-25,091.	352,653.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,216,524.	8,754,371.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,497,026.	1,026,906.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,821,425.	3,137,079.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,079,589.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,088,606.	3,649,626.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,407,057.	7,813,611.
19 Revenue less expenses. Subtract line 18 from line 12	-190,533.	940,760.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 7,407,383.	End of Year 8,590,805.
	21 Total liabilities (Part X, line 26)	796,156.	594,860.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,611,227.	7,995,945.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	HELEN LOWMAN, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JEFFREY ALVANAS	Preparer's signature	Date 10/21/20	Check if self-employed <input type="checkbox"/>	PTIN P01988325
	Firm's name ▶ CITRIN COOPERMAN & COMPANY, LLP	Firm's EIN ▶ 22-2428965	Phone no. 781-356-2000		
Firm's address ▶ 10 FORBES ROAD WEST BRAINTREE, MA 02184					

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: KEEP AMERICA BEAUTIFUL (KAB), 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, KAB STRIVES TO END LITTERING,

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

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

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

4a (Code:) (Expenses \$ 878,000. including grants of \$ 335,000.) (Revenue \$) 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. SURVEY RESULTS ALSO DEMONSTRATE THAT AS COMMUNITIES

4b (Code:) (Expenses \$ 454,000. including grants of \$ 18,750.) (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 21ST YEAR IN 2019, 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 CIVIC LEADERS. A SUCCESSFUL GREAT AMERICAN CLEANUP PROJECT MUST FULFILL

4c (Code:) (Expenses \$ 227,000. including grants of \$) (Revenue \$) AMERICA RECYCLES DAY (ARD), A KEEP AMERICA BEAUTIFUL NATIONAL PROGRAM, IS THE ONLY NATIONALLY-RECOGNIZED DAY DEDICATED TO PROMOTING AND CELEBRATING RECYCLING IN THE UNITED STATES. EACH YEAR, ON AND IN THE WEEKS SURROUNDING NOV. 15, THOUSANDS OF COMMUNITIES ACROSS THE COUNTRY PARTICIPATE BY PROMOTING ENVIRONMENTAL CITIZENSHIP AND TAKING ACTION TO INCREASE AND IMPROVE RECYCLING IN AMERICA.

THROUGH ARD, KEEP AMERICA BEAUTIFUL AND ITS VAST NETWORK OF COMMUNITY-BASED AFFILIATES AND PARTNER ORGANIZATIONS CONNECT LOCAL COMMUNITIES TO OUR NATIONAL MOVEMENT BY DIRECTLY ENGAGING MILLIONS OF PEOPLE TO RECYCLE PROPERLY 365 DAYS A YEAR. AMERICA RECYCLES DAY EDUCATES PEOPLE ABOUT THE IMPORTANCE OF RECYCLING TO OUR ECONOMY AND

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,250,486. including grants of \$ 673,156.) (Revenue \$ 376,400.)

4e Total program service expenses 4,809,486.

Part IV Checklist of Required Schedules

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

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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		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 columns. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, 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 on 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 on Schedule O.		
	1a 33		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 32		
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, 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 on 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 on Schedule O)
- 19** Describe on 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. See instructions for the order in which to list the persons above.

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) ADAM WARRINGTON DIRECTOR	1.00	X					0.	0.	0.	
(2) AMANDINE ROBIN DIRECTOR	1.00	X					0.	0.	0.	
(3) ANNE JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
(4) BRUCE A. KARAS DIRECTOR	1.00	X					0.	0.	0.	
(5) CAROLYN CRAYTON DIRECTOR	1.00	X					0.	0.	0.	
(6) GREG JOZWIAK DIRECTOR	1.00	X					0.	0.	0.	
(7) GREGORY H. RAY DIRECTOR	1.00	X					0.	0.	0.	
(8) IVONNE ANDREU DIRECTOR	1.00	X					0.	0.	0.	
(9) JAMES W. WOODS DIRECTOR	1.00	X					0.	0.	0.	
(10) JENNIFER J. GRIFFIN DIRECTOR	1.00	X					0.	0.	0.	
(11) JENNIFER SILBERMAN DIRECTOR	1.00	X					0.	0.	0.	
(12) JIM HANNA DIRECTOR	1.00	X					0.	0.	0.	
(13) KANIKA GREENLEE DIRECTOR	1.00	X					0.	0.	0.	
(14) KIM JEFFERY DIRECTOR	1.00	X					0.	0.	0.	
(15) MAUREEN KNIGHTLY DIRECTOR	1.00	X					0.	0.	0.	
(16) MICHAEL WESTERFIELD DIRECTOR	1.00	X					0.	0.	0.	
(17) MISSY MARSHALL 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) N. BRIAN PEACE DIRECTOR	1.00	X					0.	0.	0.	
(19) NEDRA DICKSON DIRECTOR	1.00	X					0.	0.	0.	
(20) NICOLE BROCKMUELLER DIRECTOR	1.00	X					0.	0.	0.	
(21) ROBIN WIENER DIRECTOR	1.00	X					0.	0.	0.	
(22) SHANNON REITER DIRECTOR	1.00	X					0.	0.	0.	
(23) STEVE DEPALO DIRECTOR	1.00	X					0.	0.	0.	
(24) STEVEN RUSSELL DIRECTOR	1.00	X					0.	0.	0.	
(25) TIM CAREY DIRECTOR	1.00	X					0.	0.	0.	
(26) TYRENE HODGE DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							1,117,170.	0.	161,771.	
d Total (add lines 1b and 1c)							1,117,170.	0.	161,771.	

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 **6**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
B LEVINE PRODUCTIONS 8033 SUNSET BLVD, LOS ANGELES, CA 90046	EVENT MANAGEMENT	120,457.

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 **1**

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,764,638.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 856,468.				
	h Total. Add lines 1a-1f			7,764,638.			
Program Service Revenue	2 a NATIONAL AND OTHER CONFERENCES	Business Code					
		900099	223,264.	223,264.			
	b PROGRAM SERVICE FEES	900099	95,686.	95,686.			
	c CERTIFICATION FEES	900099	42,165.	42,165.			
	d PUBLICATION SALES	900099	15,285.	15,285.			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			376,400.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		70,339.			70,339.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				3,046,158.			
	b Less: cost or other basis and sales expenses	7b	2,855,817.				
	c Gain or (loss)	7c	190,341.				
	d Net gain or (loss)			190,341.		190,341.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		512,069.				
		b Less: direct expenses	8b	159,416.			
c Net income or (loss) from fundraising events			352,653.		352,653.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			8,754,371.	376,400.	0.	613,333.	

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 ...	1,019,906.	1,019,906.		
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	7,000.	7,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,533,466.	1,273,363.	680,456.	579,647.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,967.	37,484.	20,241.	17,242.
9 Other employee benefits	346,048.	154,903.	107,684.	83,461.
10 Payroll taxes	182,598.	91,299.	49,301.	41,998.
11 Fees for services (nonemployees):				
a Management	134,130.		134,130.	
b Legal	32,643.	14,995.	15,650.	1,998.
c Accounting	51,325.		51,325.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	27,467.		27,467.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	204,498.	155,908.	42,283.	6,307.
13 Office expenses	185,891.	108,545.	39,067.	38,279.
14 Information technology	126,962.	29,400.	97,562.	
15 Royalties				
16 Occupancy	266,207.	123,520.	76,135.	66,552.
17 Travel	170,747.	122,816.	11,983.	35,948.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	31,203.	9,057.	11,073.	11,073.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,883.		31,883.	
23 Insurance	61,706.		61,706.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAMS	1,619,701.	1,428,245.	57,331.	134,125.
b CONSULTANTS	705,263.	233,045.	409,259.	62,959.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	7,813,611.	4,809,486.	1,924,536.	1,079,589.
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	739,766.	1	1,985,413.
	2 Savings and temporary cash investments	1,530,442.	2	1,251,147.
	3 Pledges and grants receivable, net	292,434.	3	1,491,542.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	111,663.	9	63,321.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 315,563.		
	b Less: accumulated depreciation	10b 261,925.		
	11 Investments - publicly traded securities	4,686,158.	11	3,410,830.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	334,914.
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,407,383.	16	8,590,805.	
Liabilities	17 Accounts payable and accrued expenses	443,184.	17	544,860.
	18 Grants payable		18	
	19 Deferred revenue	352,972.	19	50,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	796,156.	26	594,860.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,491,754.	27	4,722,559.
	28 Net assets with donor restrictions	3,119,473.	28	3,273,386.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	6,611,227.	32	7,995,945.
33 Total liabilities and net assets/fund balances	7,407,383.	33	8,590,805.	

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	8,754,371.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,813,611.
3	Revenue less expenses. Subtract line 2 from line 1	3	940,760.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,611,227.
5	Net unrealized gains (losses) on investments	5	443,958.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,995,945.

Part XII Financial Statements and Reporting

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

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

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2019)

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7118889.	8359562.	7222987.	7424921.	7802138.	37928497.
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	7118889.	8359562.	7222987.	7424921.	7802138.	37928497.
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)						2764411.
6 Public support. Subtract line 5 from line 4.						35164086.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	7118889.	8359562.	7222987.	7424921.	7802138.	37928497.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	110,177.	88,901.	96,354.	115,754.	70,339.	481,525.
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.)	8,537.	1,931.	7,328.	78,809.		96,605.
11 Total support. Add lines 7 through 10						38506627.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	91.32	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	55.10	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

2019

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, 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	\$ 697,500.	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	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LOWE'S COMPANIES, INC. 1000 LOWE'S BOULEVARD MOORESVILLE, NC 28117	\$ 490,160.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	SANTA FE NATURAL TOBACCO COMPANY PO BOX 25140 SANTA FE, NM 87504	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE COCA-COLA COMPANY ONE COCA-COLA PLAZA ATLANTA, GA 30313-1734	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ANHEUSER-BUSCH 1200 LYNCH ST ST LOUIS, MO 63118	\$ 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
7	PERNOD RICARD 445 HAMILTON AVE SUITE 801 WHITE PLAINS, NY 10601	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	DART CONTAINER CORPORATION 500 HOGSBACK RD. MASON, MI 48854-9547	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	H&M 110 5TH AVE, 11TH FLOOR NEW YORK, NY 10011	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	MARS WRIGLEY CONFECTIONERY 600 W. CHICAGO AVE CHICAGO, IL 60654	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	THE DOW CHEMICAL COMPANY 2511 E. PATRICK RD MIDLAND, MI 48674	\$ 360,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	JAMESON IRISH WHISKEY 250 PARK AVENUE, 17TH FLOOR NEW YORK, NY 10177	\$ 275,000.	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	KEURIG DR PEPPER, INC. 33 COFFEE LANE WATERBURY, VT 05676	\$ 242,500.	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.)
_____	_____ _____ _____	\$ _____	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
3	GIFT CARDS _____ _____ _____	\$ 490,160.	07/19/19
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

2019

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Section 170(h)(4)(B) requirements and reporting.

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.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public service. 1b: Reporting on revenue and assets for public service. 2: Reporting on revenue and assets for financial gain.

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 make 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 program
 - 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term 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 | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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		315,563.	261,925.	53,638.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				53,638.

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 FASB 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	22,222,589.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	443,958.	
b	Donated services and use of facilities	2b	13,051,727.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		13,495,685.
3	Subtract line 2e from line 1	3		8,726,904.
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	27,467.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		27,467.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		8,754,371.

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	20,837,871.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	13,051,727.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		13,051,727.
3	Subtract line 2e from line 1	3		7,786,144.
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	27,467.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		27,467.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		7,813,611.

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 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 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 2019 OR 2018. 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

Part XIII Supplemental Information *(continued)*

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.

Multiple horizontal lines for supplemental information.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CANADA	PROJECT GRANT	7,000.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

3 Enter total number of other organizations or entities **1**

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

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 <small>(event type)</small>	<small>(event type)</small>	NONE <small>(total number)</small>	
Revenue	1	512,069.			512,069.
	2				
	3	512,069.			512,069.
Direct Expenses	4	1,044.			1,044.
	5				
	6	67,129.			67,129.
	7				
	8				
	9	91,243.			91,243.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			159,416.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶			352,653.

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				
	2				
Direct Expenses	3				
	4				
	5				
	6	<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

2019

**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
AK-CHIN INDIAN COMMUNITY 42507 W. PETERS AND NALL RD. MARICOPA, AZ 85138	APPLIED FOR		6,100.	0.	CASH		PROJECT GRANTS
AMERICAN SOMA EXECUTIVE OFFICE BUILDING PAGO PAGO, AS 96799	APPLIED FOR		14,136.	0.	CASH		PROJECT GRANTS
BAYOU VERMILION DISTRICT 300 FISHER ROAD LAFAYETTE, LA 70508	APPLIED FOR		5,930.	0.	CASH		PROJECT GRANTS
CALIFORNIA STATE UNIVERSITY, BAKERSFIELD FOUNDATION - 9001 STOCKDALE HWY - 19AW - BAKERSFIELD, CA 93311	95-2643086		11,309.	0.	CASH		PROJECT GRANTS
CITY OF BOSTON PARKS AND RECREATION - 1010 MASSACHUSETTS AVE - BOSTON, MA 02118	APPLIED FOR		42,409.	0.	CASH		PROJECT GRANTS
CITY OF COFFEYVILLE KS 605 HIGHLAND COFFEYVILLE, KS 67337	48-6043317		5,000.	0.	CASH		PROJECT GRANTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **78.**

3 Enter total number of other organizations listed in the line 1 table **78.**

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

Schedule I (Form 990) (2019)

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
CITY OF HALLANDALE BEACH 400 S. FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009	59-6000333		5,000.	0.	CASH		PROJECT GRANTS
CITY OF MIDLAND 333 W. ELLSWORTH STREET MIDLAND, MI 48640	38-6004711		19,900.	0.	CASH		PROJECT GRANTS
CITY OF SHAMOKIN 106 E. ARCH ST. SHAMOKIN, PA 17872	24-6001888		5,000.	0.	CASH		PROJECT GRANTS
CLARK ATLANTA UNIVERSITY 223 JAMES P BRAWLEY DR SW ATLANTA, GA 30314-4358	58-1825259		16,964.	0.	CASH		PROJECT GRANTS
CONSERVATION CORPS OF LONG BEACH 340 NIETO AVE LONG BEACH, CA 90814	33-0293393		16,393.	0.	CASH		PROJECT GRANTS
COUNTY COMMISSIONERS OF ALLEGANY COUNTY - 701 KELLY RD. #407 - CUMBERLAND, MD 21502	APPLIED FOR		5,775.	0.	CASH		PROJECT GRANTS
FIRSTSTAR FIBER INC 10330 I STREET OMAHA, NE 68127	84-1442015		40,000.	0.	CASH		PROJECT GRANTS
FOREST PRESERVE FOUNDATION 69 W. WASHINGTON, SUITE 2040 CHICAGO, IL 60602	26-2497213		5,000.	0.	CASH		PROJECT GRANTS
GREENSBORO BEAUTIFUL INC 1001 FOURTH STREET GREENSBORO, NC 27405	23-7099248		5,000.	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
GROW NYC PO BOX 2327 NEW YORK, NY 10272	13-2765465		16,500.	0.	CASH		PROJECT GRANTS
HIGHWAY PARK NEIGHBORHOOD COUNCIL P O BOX 1678 LAKE PLACID, FL 33862	20-2728475		10,000.	0.	CASH		PROJECT GRANTS
I LOVE A CLEAN SAN DIEGO 2508 HISTORIC DECATUR ROAD, SUITE 1 SAN DIEGO, CA 92106	95-2566791		3,500.	0.	CASH		PROJECT GRANTS
I LOVE A CLEAN SAN DIEGO 2508 HISTORIC DECATUR ROAD, SUITE 1 SAN DIEGO, CA 92106	95-2566791		0.	5,000.	MARKET VALUE	2019 GIFT CARDS	PROJECT GRANTS
JKEEP HIGHWAY PARK BEAUTIFUL P O BOX 1678 LAKE PLACID, FL 33862	20-2728475		0.	10,000.	MARKET VALUE	2019 GIFT CARDS	PROJECT GRANTS
KEEP AKRON BEAUTIFUL 850 E MARKET STREET AKRON, OH 44305	34-1341298		0.	10,000.	MARKET VALUE	2019 GIFT CARDS	PROJECT GRANTS
KEEP ALACHUA BEAUTIFUL 211 SW 4TH AVENUE GAINESVILLE, FL 32601	59-3078627		17,000.	0.	CASH		PROJECT GRANTS
KEEP ARANSAS COUNTY BEAUTIFUL, INC. - P.O. BOX 1523 - FULTON, TX 78358	81-2901088		0.	10,000.	MARKET VALUE	2019 GIFT CARDS	PROJECT GRANTS
KEEP ARIZONA BEAUTIFUL P O BOX 25126 PHOENIX, AZ 85002	86-0472734		0.	5,000.	MARKET VALUE	2019 GIFT CARDS	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 BLOUNT BEAUTIFUL 356 SANDERSON ST STE. A4 ALCOA, TN 37701	62-1486298		5,000.	0.	CASH		PROJECT GRANTS
KEEP CHESTER BEAUTIFUL 315 TALLEY STORE RD HENDERSON, TN 38340	62-6018666		5,000.	0.	CASH		PROJECT GRANTS
KEEP CINCINNATI BEAUTIFUL 1115 BATES AVE. CINCINNATI, OH 45225	31-0948219		5,500.	0.	CASH		PROJECT GRANTS
KEEP COBB BEAUTIFUL 1792 COUNTY SERVICES PKWY. MARIETTA, GA 30008	58-1659192		40,000.	0.	CASH		PROJECT GRANTS
KEEP COCKE COUNTY BEAUTIFUL 433 PROSPECT AVE NEWPORT, TN 37821-3898	62-1562736		5,500.	0.	CASH		PROJECT GRANTS
KEEP COPIAH COUNTY BEAUTIFUL 3125 PERRETT ROAD HAZLEHURST, MS 39083	61-1450883		14,000.	0.	CASH		PROJECT GRANTS
KEEP DENTON BEAUTIFUL 608 E. HICKORY, SUITE 130 DENTON, TX 76205	75-2550483		6,500.	0.	CASH		PROJECT GRANTS
KEEP DETROIT BEAUTIFUL 5700 RUSSELL DETROIT DETROIT, MI 48211	33-1135532		0.	5,000.	MARKET VALUE	2019 GIFT CARDS	PROJECT GRANTS
KEEP DOUGLAS COUNTY BEAUTIFUL 8700 HOSPITAL DR. DOUGLASVILLE, GA 30134	58-6000818		14,000.	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 FORT SMITH BEAUTIFUL 6 N. 58TH TERR. DR. FORT SMITH, AR 72904	26-2283365		33,000.	0.	CASH		PROJECT GRANTS
KEEP GOLDEN ISLES BEAUTIFUL 1229 NEWCASTLE STREET BRUNSWICK, GA 31520	58-2393363		7,000.	0.	CASH		PROJECT GRANTS
KEEP INDIAN RIVER BEAUTIFUL 1596 OLD DIXIE HWY VERO BEACH, FL 32960	65-0712624		0.	5,000.	MARKET VALUE	2019 GIFT CARDS	PROJECT GRANTS
KEEP INDIAN RIVER BEAUTIFUL 1596 OLD DIXIE HWY VERO BEACH, FL 32960	65-0712624		2,000.	0.	CASH		PROJECT GRANTS
KEEP LEWISVILLE BEAUTIFUL 113 N POYDRAS ST STE 207 LEWISVILLE, TX 75057	75-2488233		0.	10,000.	MARKET VALUE	2019 GIFT CARDS	PROJECT GRANTS
KEEP LEXINGTON BEAUTIFUL 835 NATIONAL AVENUE LEXINGTON, KY 40502	61-1395175		7,000.	0.	CASH		PROJECT GRANTS
KEEP LORAIN COUNTY BEAUTIFUL 226 MIDDLE AVENUE ELYRIA, OH 44035	34-6001704		10,000.	0.	CASH		PROJECT GRANTS
KEEP LOUISIANA BEAUTIFUL 902 COFFEE STREET MANDEVILLE, LA 70448	72-1499919		0.	10,000.	MARKET VALUE	2019 GIFT CARDS	PROJECT GRANTS
KEEP MASSACHUSETTS BEAUTIFUL 11 OLD NORTH TRAIL MANSFIELD, MA 02048	46-5310578		11,250.	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 MECKLENBURG BEAUTIFUL 2145 SUTTLE AVE CHARLOTTE, NC 28208	01-0954752		16,964.	0.	CASH		PROJECT GRANTS
KEEP MIDLOTHIAN BEAUTIFUL-ILLINOIS 14801 PULASKI MIDLOTHIAN, IL 60445	36-6005995		5,000.	0.	CASH		PROJECT GRANTS
KEEP NORWALK BEAUTIFUL 125 EAST AVENUE NORWALK, CT 06851	27-1850323		18,500.	0.	CASH		PROJECT GRANTS
KEEP OHIO BEAUTIFUL P. O. BOX 13135 FAIRLAWN, OH 44334	31-1775229		10,500.	0.	CASH		PROJECT GRANTS
KEEP PANAMA CITY BEACH BEAUTIFUL P.O. BOX 9654 PANAMA CITY BEACH, FL 32417	83-1557632		20,000.	0.	CASH		PROJECT GRANTS
KEEP PCB BEAUTIFUL P.O. BOX 9654 PANAMA CITY BEACH, FL 32417	83-1557632		10,000.	0.	CASH		PROJECT GRANTS
KEEP PENNSYLVANIA BEAUTIFUL 105 WEST FOURTH STREET GREENSBURG, PA 15601	25-1645291		12,000.	0.	CASH		PROJECT GRANTS
KEEP PINELLAS BEAUTIFUL 5090 66TH STREET NORTH ST. PETERSBURG, GA 33704	59-3120169		26,500.	0.	CASH		PROJECT GRANTS
KEEP PORT ST. LUCIE BEAUTIFUL 450 SW THORNHILL DRIVE PORT ST. LUCIE, FL 34984	59-6141662		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 RABUN BEAUTIFUL PO BOX 750 CLAYTON, GA 30525	58-1259399		10,000.	0.	CASH		PROJECT GRANTS
KEEP SMYRNA BEAUTIFUL 3475 LAKE DRIVE SMYRNA, GA 30082	58-1895571		7,000.	0.	CASH		PROJECT GRANTS
KEEP SOUTH CAROLINA BEAUTIFUL 2700 MIDDLEBURG DRIVE, SUITE 216 COLUMBIA, SC 29204	58-2466709		7,000.	0.	CASH		PROJECT GRANTS
KEEP SOUTH CAROLINA BEAUTIFUL 2700 MIDDLEBURG DRIVE / SUITE 216 COLUMBIA, SC 29204	58-2466709		0.	10,000.	MARKET VALUE	2019 GIFT CARDS	PROJECT GRANTS
KEEP TAMPA BAY BEAUTIFUL PO BOX 2104 TAMPA, FL 33601	59-3150612		12,309.	0.	CASH		PROJECT GRANTS
KEEP THE BLUEGRASS BEAUTIFUL 835 NATIONAL AVE. LEXINGTON, KY 40502	61-1395175		0.	10,000.	MARKET VALUE	2019 GIFT CARDS	PROJECT GRANTS
KEEP THE MIDLANDS BEAUTIFUL 1307 AUGUSTA ROAD WEST COLUMBIA, SC 29169	57-0888246		19,000.	0.	CASH		PROJECT GRANTS
KEEP THE REZ BEAUTIIFUL 239 HIGHLAND HILLS LANE FLORA, MS 39071	27-4529501		0.	10,000.	MARKET VALUE	2019 GIFT CARDS	PROJECT GRANTS
KEEP THE TENNESSEE RIVER BEAUTIFUL 12640 SAILPOINTE LANE KNOXVILLE, TN 37922	82-2318211		22,000.	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 TN BEAUTIFUL 12640 SAILPOINTE LANE KNOXVILLE, TN 37922	82-2318211		7,000.	0.	CASH		PROJECT GRANTS
KEEP TUSCALOOSA BEAUTIFUL 3440 KALOOSA AVENUE TUSCALOOSA, AL 35401	APPLIED FOR		5,775.	0.	CASH		PROJECT GRANTS
KEEP VIRGINIA BEAUTIFUL 2800 N. PARHAM RD., SUITE #102 RICHMOND, VA 23294	54-0831204		7,000.	0.	CASH		PROJECT GRANTS
KEEP WINTER PARK BEAUTIFUL 401 SOUTH PARK AVENUE WINTER PARK, FL 32789	APPLIED FOR		11,280.	0.	CASH		PROJECT GRANTS
MARYLAND COASTAL BAYS PROGRAM 8219 STEPHEN DECATUR HIGHWAY BERLIN, MD 21811	52-2123356		5,000.	0.	CASH		PROJECT GRANTS
MEMPHIS CITY BEAUTIFUL COMMISSION 664 ADAM AVE MEMPHIS, TN 38105	APPLIED FOR		5,001.	0.	CASH		PROJECT GRANTS
MINNEAPOLIS DOWNTOWN 81 S 9TH STREET, SUITE 105 MINNEAPOLIS, MN 55402	26-4259628		17,000.	0.	CASH		PROJECT GRANTS
OKLAHOMA CITY BEAUTIFUL 3535 N. CLASSEN BLVD. OKLAHOMA CITY, OK 73118	73-0785200		7,000.	0.	CASH		PROJECT GRANTS
OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY - 707 N. ROBINSON - OKLAHOMA CITY, OK 73102	APPLIED FOR		5,775.	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
ORANGE COUNTY PARKS AND RECREATION DIVISION - 4801 W. COLONIAL DR. - ORLANDO, FL 32808	APPLIED FOR		6,220.	0.	CASH		PROJECT GRANTS
PARKS FOUNDATION OF MIAMI-DADE COUNTY - 275 NW 2 STREET 5TH FLOOR - MIAMI, FL 33128	20-0924393		6,275.	0.	CASH		PROJECT GRANTS
PENNSYLVANIA RESOURCES COUNCIL 828 WEST NORTH AVENUE PITTSBURGH, PA 15233	23-6403971		5,675.	0.	CASH		PROJECT GRANTS
SHREVEPORT GREEN 3625 SOUTHERN AVENUE SHREVEPORT, LA 71104	72-0970610		7,500.	0.	CASH		PROJECT GRANTS
SPELMAN COLLEGE 350 SPELMAN LN SW ATLANTA, GA 30314	58-0566243		18,095.	0.	CASH		PROJECT GRANTS
THE CITY OF HUNTINGTON BEACH 2000 MAIN STREET HUNTINGTON BEACH, CA 92648	APPLIED FOR		11,950.	0.	CASH		PROJECT GRANTS
TOWNSHIP OF WEST ORANGE 66 MAIN STREET WEST ORANGE, NJ 07052	APPLIED FOR		16,964.	0.	CASH		PROJECT GRANTS
UNIVERSITY OF THE VIRGIN ISLANDS 2 JOHN BREWERS BAY ST THOMAS, VI 00802-6004	66-0432514		22,618.	0.	CASH		PROJECT GRANTS
WILBERFORCE UNIVERSITY 1055 N BICKETT RD P.O. BOX 1001 WILBERFORCE, OH 45384	31-0604719		23,972.	0.	CASH		PROJECT GRANTS

Schedule I (Form 990)

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

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.

2019

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 **1b**

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

3 Indicate which, if any, of the following the 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? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

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

	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) 2019

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	(i)	288,865.	50,000.	0.	14,412.	21,710.	374,987.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) REBECCA LYONS CHIEF OPERATING OFFICER	(i)	188,521.	10,000.	0.	9,915.	37,855.	246,291.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NOAH ULLMAN OFFICER	(i)	165,867.	3,250.	0.	0.	27,997.	197,114.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RANDALL HARTMANN OFFICER	(i)	152,750.	1,250.	0.	638.	14,851.	169,489.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BALI LAMBIE-BOYER OFFICER	(i)	148,750.	5,000.	0.	4,750.	8,301.	166,801.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (GIFT CARDS)	X	500	490,160.	
26 Other (PROGRAM SUPPL)	X	5,000	366,308.	
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part 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

2019

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:

BEAUTIFIES THEIR COMMUNITY'S ENVIRONMENT.

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

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 KAB. 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 KAB

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:

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 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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

LEADERS, BUSINESS AND KEY STAKEHOLDERS TO GAIN KNOWLEDGE ABOUT THE

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization KEEP AMERICA BEAUTIFUL, INC.	Employer identification number 13-1761633
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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 2019 ALONE, OVER 93 MILLION POUNDS OF LITTER AND RECYCLABLES WERE COLLECTED BY VOLUNTEERS THROUGHOUT THE COUNTRY. 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 III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
ENVIRONMENTAL WELL-BEING, AND HELPS MOTIVATE OCCASIONAL RECYCLERS TO BECOME "EVERYDAY" RECYCLERS.

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

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

PART XII, LINE 2C

Name of the organization

KEEP AMERICA BEAUTIFUL, INC.

Employer identification number

13-1761633

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Multiple horizontal lines for text entry.

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

December 31, 2019

Prepared For:

Helen Lowman, President & CEO
Keep America Beautiful, Inc.
1010 Washington Blvd.
Stamford, CT 06901

Prepared By:

Citrin Cooperman & Company, LLP
10 Forbes Road West
Braintree, MA 02184

Amount of Tax:

Balance due of \$275

Make Check Payable To:

Department of Law

Mail Tax Return To:

NYS Office of Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

The attached copy of the federal Form 990 must be properly signed and dated.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2019
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) **01/01/2019** and Ending (mm/dd/yyyy) **12/31/2019**

Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: KEEP AMERICA BEAUTIFUL, INC.	Employer Identification Number (EIN): 13-1761633
	Mailing Address: 1010 WASHINGTON BLVD.	NY Registration Number: 00-57-94
	City / State / ZIP: STAMFORD, CT 06901	Telephone: 203 659 3000
	Website: WWW.KAB.ORG	Email:

Check your organization's registration category: 7A only EPTL only DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer: HELEN LOWMAN
Signature _____ Print Name and Title _____ Date _____
Chief Financial Officer or Treasurer: _____
Signature _____ Print Name and Title _____ Date _____

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>250.</u>	Total fee: \$ <u>275.</u>	Make a single check or money order payable to: "Department of Law"
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
 - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
 Charities Bureau Registration Section
 28 Liberty Street
 New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
 Call: (212) 416-8401
 Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).