# 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

2020

Open to Public Inspection

1.General Informat	ion			
For Fiscal Year Beginnin	g (mm/dd/yyyy) 01/01/	2020 and Ending	(mm/dd/yyyy) 12/31/	2020
Check if Applicable:  Address Change	Name of Organization:  KEEP AMERICA B	BEAUTIFUL, INC	•	Employer Identification Number (EIN): 13-1761633
Name Change Initial Filing	Mailing Address: 1010 WASHINGTO	ON BLVD.		NY Registration Number: 00-57-94
Final Filing  Amended Filing	City / State / ZIP: STAMFORD, CT	06901		Telephone: 203 659 3000
Reg ID Pending	Website: WWW.KAB.ORG			Email:
Check your organization's				
registration category:		only X DUAL (7A 8	& EPTL) EXEMPT*	Confirm your Registration Category in the Charities Registry at <a href="https://www.CharitiesNYS.com">www.CharitiesNYS.com</a> .
2. Certification				
See instructions for certif two signatories.	ication requirements. Imprope	r certification is a violation	of law that may be subject	to penalties. The certification requires
We certify under p	penalties of perjury that we revi te true, correct and complete in	iewed this report, including naccordance with the laws	all attachments, and to the of the State of New York a	best of our knowledge and belief, pplicable to this report.
	1	100	HELEN LOWM	·
President or Authorized	Officer:	moman	PRESIDENT	
	Signature		Print Nam	e and Title Date
Chief Financial Officer of	r Treasurer:	/		
Sind Financial Sincer Si	Signature		Print Nam	e and Title Date
				o una mila
3. Annual Reporting	Exemption			
				egory (7A or EPTL only filers) or both
				ed Char500. No fee, schedules, or
		n an exemption or are a DU	JAL filer that claims only on	e exemption, you must file applicable
schedules and attachmer	nts and pay applicable fees.			
				overnment agencies, etc. did not raising counsel (FRC) to solicit
	ons during the fiscal year.	d not engage a professions	allulu laisei (FFH) oi luliu	raising counsel (FRC) to solicit
	,			
3b EPTI	filing exemption: Gross recein	ts did not exceed \$25 000	and the market value of as	sets did not exceed \$25,000 at any time
	fiscal year.	13 did 1101 exceed \$25,000	and the market value of as	sets did not exceed \$25,000 at any time
_	•			
4. Schedules and A	ttachments			
See the following page	311			
for a checklist of	Yes X No 4a. Did y	our organization use a pro	fessional fund raiser, fund i	raising counsel or commercial co-venturer
schedules and	for fund	raising activity in NY State	? If yes, complete Schedule	∍ 4a.
attachments to				
complete your filing.	X Yes No 4b. Did t	he organization receive go	vernment grants? If yes, co	mplete Schedule 4b.
5. Fee				
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	
next page to calculate yo	ur			Make a single check or money order
fee(s). Indicate fee(s) you				payable to:
are submitting here:	\$25.	\$250.	\$ 275.	"Department of Law"

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068451 01-07-21 1019

<sup>\*</sup>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 Raise  If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	ers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500:  X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable  X All additional IRS Form 990 Schedules, including Schedule B (Schedule of C disclosure and will not be available for public review.  Our organization was eligible for and filed an IRS 990-N e-postcard. Our rever 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 Review Report if you received total revenue and support greater than \$250,000 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 Greater than \$750,000 No Review Report or Audit Report is required because total revenue and support Greater than \$750,000 No Review Report or Audit Report is required because total revenue and support Greater than \$750,000 No Review Report or Audit Report is required because total revenue and support Greater than \$750,000 No Review Report or Audit Report is required because total revenue and support Greater than \$750,000 No Review Report or Audit Report is required because total revenue and Support Greater than \$750,000 No Review Report or Audit Report is required because total revenue and Support Greater than \$750,000 No Review Report or Audit Report is required because total revenue and Support Greater than \$750,000 No Review Report or Audit Report In Review Report	nue exceeded \$25,000 and/or our assets exceeded \$25,000 in the lic Accountant's Review or Audit Report: 000 and up to \$750,000. 0 oport is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a  X \$25, if you did not check the 7A exemption in Part 3a	<b>7A</b> filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:  \$0, if you checked the EPTL exemption in Part 3b	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$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	<b>DUAL</b> filers are registered under both 7A and EPTL. <b>EXEMPT</b> filers have registered with the NY Charities Bureau and meet conditions in <b>Schedule E - Registration Exemption for Charitable Organizations</b> . These organizations are not required to file annual financial reports but may do so voluntarily.
Send Your Filing	Confirm your Registration Category and learn more about NY law at <a href="https://www.CharitiesNYS.com">www.CharitiesNYS.com</a> .
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?  NET WORTH for fee purposes is calculated on:  USS Form 200 Peet I. line 20
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22
Charities Bureau Registration Section	- IRS Form 990 EZ Part I, line 21

#### Need Assistance?

28 Liberty Street

New York, NY 10005

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

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Total Assets at Fair Market Value (Part II, line 16(c)) and

Total Liabilities (Part II, line 23(b)).

# CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

# 2020

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If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:

NY Registration Number:

NY Registration Number:

00-57-94

2. Government Grants		
Name of Government Agency	Amount of Grant	
1. SMALL BUSINESS ADMINISTRATION (PAYCHECK PROTECTION PR	1. 513,9	72.
2. METRO BEAUTIFICATION & ENVIRONMENT COMM.	2. 13,0	00.
3. PAY MGT SYSTEM	30,0	00.
4. MEMPHIS CONVENTION & VISITORS BUREAU	4. 5,5	56.
5.	5.	
6.	6.	
7.	7.	
8.	8.	
9.	9.	
10.	10.	
11.	11.	
12:	12.	
13,	13.	
14.	14.	
15.	15.	
Total Government Grants:	Total: 562,5	28.

### EXTENDED TO NOVEMBER 15, 2021

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form 990

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

Open to Public Inspection

AF	or the	e 2020 calendar year, or tax year beginning and endir	ng		
В	Check if applicabl	C Name of organization		D Employer identif	ication number
	Addre	* KEEP AMERICA BEAUTIFUL, INC.			
	Name	The state of the facility of the state of th		13-17616	33
	Initial	, , , , , , , , , , , , , , , , , , ,	n/suite		
	Final	1010 WACHINGTON BLVD	i/ Julio		
					and the same of the same
[	Amen				
	Applic	F Name and address of principal officer; HELEN LOWMAN			
	pendi	SAME AS C ABOVE			
	Гах-ех	empt status: X 501(c)(3)	527		
_					
			_ Year o		
Pa	art I	Summary			
a)					
Activities & Governance					
r	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	more t	than 25% of its net as	
OVe					
නේ					
es					
Ĭ	6	Total number of volunteers (estimate if necessary)		6	
Act					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	····		
	_		-		
ē			s :		
Revenue					
æ					
-					
	45				
Expenses	162				
oeu	h	Total fundraising expenses (Part IX, column (D), line 25) 958, 962.	200		
ă	17			3 649 626.	4 209 826
	ı				The same of the sa
Net Assets or		The second secon	Ben		
ets	20	Total assets (Part X, line 16)			
ASS 1 Ba	21	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Net	22				7,060,146.
Pa	ırt II	Signature Block			
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and s	statemer	nts, and to the best of m	y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pro	eparer l	nas any knowledge.	
Sigr	า			Date	
Her	е				
		**	- 10		
		Print/Type preparer's name Preparer's signature	1535	- N	
Paid			0		
Prep				Firm's EIN ▶	22-2428965
use	UNIY			Marine Marine To Co	1 356 0000
	Dong business as   Dong business   Dong				
iviay	tue II	to discuss this return with the preparer shown above? See instructions			A Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
	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 \$
	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	465 000
-12	KEEP AMERICA BEAUTIFUL'S PUBLIC SPACE RECYCLING PROGRAM PROVIDES PUBLIC
	SPACE RECYCLING COLLECTION INFRASTRUCTURE IN THE FORM OF RECYCLING
	COLLECTION BINS AND TECHNICAL AND EDUCATIONAL MARKETING ASSISTANCE TO
	PROMOTE RECYCLING ON-THE-GO AND AWAY FROM HOME. TARGETING THE ONE-THIRD
	OF BEVERAGE CONTAINERS CONSUMED ON THE GO, THE PROGRAM SUPPORTS THE
	EFFORTS OF LOCAL GOVERNMENTS, COLLEGES AND UNIVERSITIES, AND NONPROFITS
	TO PLACE RECOGNIZABLE RECYCLING COLLECTION CONTAINERS IN PUBLIC SPACES
	TO PROMOTE CONSISTENT CONSUMER RECYCLING HABITS.
4c	(Code:) (Expenses \$ 301,621. including grants of \$ 97,650.) (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 22ND YEAR IN 2020, 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
	Other program services (Describe on Schedule O.)
Tu	(Expenses \$ 3,874,938 • including grants of \$ 324,601 • ) (Revenue \$ 373,136 • )
4e	F 202 0F4
	Form <b>990</b> (2020)

032002 12-23-20

# Form 990 (2020) KEEP AMERICA BEAUTIFUL, INC. Part IV Checklist of Required Schedules

		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		(	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			٠,,
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			7.7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
′		7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II		-	
0	,			х
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
•••	as applicable.			38.3
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	- 110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		_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? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	(0000)
032003	12-23-20	Form	220	(2020)

	journal		V	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		<b>(</b>	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 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? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1.5	
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	, , , , , , , , , , , , , , , , , , , ,			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			.,
-00	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
02		32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	55		
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ra	<del></del>			
-	Check if Schedule O contains a response or note to any line in this Part V			
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-	Yes	No
-		214		Ja,
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		438	- 175
·	(gambling) winnings to prize winners?	1c	х	
03200	4 12-23-20		990	(2020)
				,

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Dev I		-35
	filed for the calendar year ending with or within the year covered by this return 2a 28			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Stin.	11.15
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country		25	
E.	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Х
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a	-	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		Λ
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1571	- W.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	IIII.		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	KE J	1.08	
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-	mate 2	20.50
a b	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	an		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	201		
	amounts due or received from them.)			-37-34
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		30.0	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	316		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	_	
	Note: See the instructions for additional information the organization must report on Schedule O.		, William	
b	Enter the amount of reserves the organization is required to maintain by the states in which the		16	
_	organization is licensed to issue qualified health plans  That the arrount of recence as head.	1	3.7	
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	44-		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	200		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	Etgyl		
		Form	990	(2020)

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.

						X
Sec	tion A. Governing Body and Management					
		21			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	3	7	
	If there are material differences in voting rights among members of the governing body, or if the governing					5 3
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				81 -	
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2	7	111-3	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	_	any other		1 33	W.
	officer, director, trustee, or key employee?		•	2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9					Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass					Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?	•		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			,,,		
~	persons other than the governing body?		<i>'</i>	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r hy th	e following	100		
_	The governing body?		•	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rear			OD		_
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion R. Policies and addresses on Schedule O		~	9		Λ.
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		V	
100	Did the organization have local chanters, branches, or affiliates?			400	Yes	No_
	Did the organization have local chapters, branches, or affiliates?			10a	Λ	
D	If "Yes," did the organization have written policies and procedures governing the activities of such chand branches to ensure their operations are consistent with the organization's exempt purposes?			401		x
44-				10b	х	<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	у рето	re filing the form?	11a	Α.	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? # "}	,			3,	
40	in Schedule O how this was done			12c	X	_
13	Did the organization have a written whistleblower policy?	*******		13	X	_
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva		dependent		Har	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			0015		
а	The organization's CEO, Executive Director, or top management official	<u></u>		15a		X
b	Other officers or key employees of the organization			15b	100	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•	50	135	8/5/
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	า'ร			100
2	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed CT, NY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	)-T (Section 501(c)(	s)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	of interest policy, a	nd finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records 🕨			
	HELEN LOWMAN - 203-659-3000					
	1010 WASHINGTON BOULEVARD, STAMFORD, CT 06901					
032006	12-23-20			Forn	990	(2020)

# 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	box	not c	Pos heck i	more rson i	than of the state	n an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HELEN LOWMAN	40.00								_	
PRESIDENT & CEO (2) REBECCA LYONS	40.00	X	_	X		_	_	280,884.	0.	28,217.
	40.00	-						104 555		
CHIEF OPERATING OFFICER (3) NOAH ULLMAN	40.00	-		X	_			184,775.	0.	43,523.
OFFICER	40.00				х			173,703.	0.	34,656.
(4) RANDALL HARTMANN	40.00							210,7000	0.5	31,0301
OFFICER		1				x		146,262.	0.	16,436.
(5) BALI LAMBIE-BOYER	40.00									
OFFICER (FORMER)							х	146,719.	0.	8,675.
(6) DAVID SCOTT	40.00									
OFFICER						Х		143,242.	0.	4,416.
(7) DEBRA WOOLLEY	40.00									
OFFICER						Х		122,089.	0.	23,158.
(8) JACQUELINE GRACE	40.00									
CHIEF DEVELOPMENT OFFICER						X		135,417.	0.	0.
(9) JESSICA WASSENAAR	40.00									
CHIEF OF STAFF (FORMER)							X	118,645.	0.	16,235.
(10) STEVE RUSSELL	1.00									
CHAIR		X		Х				0.	0.	0.
(11) KANIKA GREENLEE	1.00									
VICE CHAIR	1	Х		X		_		0.	0 •	0.
(12) TOM WALDECK	1.00					A.			_	
TREASURER	1 00	X	_	Х				0.	0.	0.
(13) YUMI CLEVENGER-LEE SECRETARY	1.00									
	1 00	X		Х				0.	0.	0.
(14) TIM CAREY DIRECTOR	1.00	,,								
(15) CAROLYN CRAYTON	1.00	Х		-				0.	0.	0.
DIRECTOR	1.00	x						ا م		
(16) STEVE DEPALO	1.00	1		-	-	$\vdash$		0.	0.	0.
DIRECTOR	1.00	x						0.	0.	^
(17) JENNIFER GRIFFIN	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.

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Part VII   Section A. Officers, Directors, Trus	(B)	1	2001		C)	3.700		(D)	(E)	Т		(F)	
Name and title	Average			Posi	itior			Reportable	Reportable			י ז mated	1
	hours per	box	not cl	ss per	rson i	is both	n an	compensation	compensation			ount o	
	week	_	cer an	d a di	irecto	or/trus	tee)	from	from related		0	ther	
	(list any	director						the	organizations		comp		
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	)		m the	
	organizations	truste	al trus		уве	mpen		(***27 1039-141100)			_	nizatio relate	
	below	ndividual	nstitutional trustee	La	oldma	Highest compensated employee	Jet.				organ		
	line)	Indi	Insti	Officer	Key 6	E B	Former						
(18) ANNE JOHNSON	1.00												
DIRECTOR		X				_		0.	(	).			0.
(19) GREG JOZWIAK	1.00												
DIRECTOR	1 00	X						0.					0.
(20) BRUCE KARAS	1.00												
DIRECTOR	1 00	X						0.					0.
(21) MAUREEN KNIGHTLY DIRECTOR	1.00												_
(22) MISSY MARSHALL	1 00	X					_	0.		), • ;			0.
DIRECTOR	1.00							ا م ا	,				^
(23) VIC MEHREN	1.00	Х	-	$\dashv$		-	_	0.					0.
DIRECTOR	1.00	x						0.	,				^
(24) MONIQUE OXENDER	1.00	^				-	_	0,		•			0.
DIRECTOR	1.00	х						0.	(				0.
(25) GREGORY H. RAY	1.00			=		H		0.		•			٠.
DIRECTOR	1100	x						0.	(				0.
(26) WESLEY SCHULTZ, PH.D.	1.00	=				Н				+			-
DIRECTOR		x						0.	(				0.
1b Subtotal	•					_		1,451,736.			175		
c Total from continuation sheets to Part VI	I, Section A				******	558f		0.					0.
d Total (add lines 1b and 1c)							<b>•</b>	1,451,736.	(		175	, 31	6.
2 Total number of individuals (including but n							o re	ceived more than \$100,	000 of reportable				
compensation from the organization													9
										_	_ \	'es	No
3 Did the organization list any former officer,			-		-		_	· ·	•				ick
line 1a? If "Yes," complete Schedule J for s	uch individual	- 0990	0.000	****	300		25500				3	X	_
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	),000? <i>If</i> "Yes,	" coi	mple	te S	Sche	dule	J fo	or such individual			4	X	
5 Did any person listed on line 1a receive or a									ual for services			500	37
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	Jf	or su	ch r	ers	on .	*****			¥6	5		X
	manageted ind		- d	+			- 41-	at	100.000 - 6		,		_
Complete this table for your five highest complete the organization. Report compensation for the organization.										isatio	on tron	1	
(A)	ine calendar ye	al e	HUIH	g wi	uii	N VVII	1001	(B)	ear.		(C)		_
Name and business	address							Description of se	ervices	Со	mpens	ation	
BURNS & MCDONNELL, 3650 M	ANSELL	RO.	AD	St	ΊΙ	TE	$\neg$						
3001, ALPHARETTA, GA 3002	2						þ	RESEARCH			655	.94	4.
							T					•	
							4						
							- 1		II.				
												-	
2 Total number of independent contractors (in		ot lim	nited	to t	hos	e list	ted	above) who received mo	re than	0.00			1
2 Total number of independent contractors (in \$100,000 of compensation from the organiz SEE PART VII, SECTION	zation >				1				re than		orm <b>9</b> !	20	

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Form **990** (2020)

Form 990 KEEP AMI	ERICA BEA								13-176	1633
		nplo	yee			ligh	est (	Compensated Employe		
(A) Name and title	(B) Average hours per	(cl	heck	Pos	c) ition that		ly)	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
ii	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatio from the organization and related organizations
(27) THOMAS H. TAMONEY DIRECTOR	1.00	х						0.	0.	
(28) ROBIN WIENER DIRECTOR	1.00	х						0.	0.	0
(29) JENNIFER SILBERMAN DIRECTOR	1.00	x						0.	0.	C
(30) TYRENE HODGE DIRECTOR	1.00	x						0.	0.	C
(31) MICHAEL WESTERFIELD DIRECTOR	1.00	x						0.	0.	0
(32) ADAM WARRINGTON DIRECTOR	1.00	x						0.	0.	(
(33) NEDRA DICKSON DIRECTOR	1.00	x						0.	0.	(
(34) NICOLE BROCKMUELLER DIRECTOR	1.00	x						0.	0.	(
(35) AMANDINE ROBIN DIRECTOR	1.00	x						0.	0.	(
(36) IVONNE ANDREU DIRECTOR	1.00	х						0.	0.	(
					_					
			_							

			Check if Schedule O c	onta	ains a response	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								Tunction revenue	business revenue	sections 512 - 514
S	1	а	Federated campaigns		1a			figure steriffs to	BITTON SOUTH THE	
autun			Membership dues							
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events			266,045.				
T's			Related organizations			200,010.				
<u> </u>	90000		Government grants (contri			562,528.				
Sin			All other contributions, gifts,			302,320.				
er jer		T		-		447 500				
ē ŧ			similar amounts not included		3.0	447,523.				
out		_	Noncash contributions included in I		- Maria	464,082.	6 006 006			
O m		h	Total. Add lines 1a-1f			Division and the same of the s	6,276,096.			rest in territory
						Business Code				
e	2	а	CONFERENCES A	ND	FEES	900099	373,936.	373,936.		
Program Service Revenue		b								
S		С								
am		d								
P G		е								
P		f	All other program service r	ever	nue					
			Total. Add lines 2a-2f				373,936.			1 5 5 2 X 1 5 2 X
	3		Investment income (includ							
			other similar amounts)				53,136.			53,136.
	4		Income from investment of							
						100				
	Ü		Royalties		(i) Real	(ii) Personal		J. (1987) 1 (1987)	8 C. 3 T. D.	
	6	_	Gross rents	6a	(i) Tious	(ii) i croonar				
	-	-	***************************************	_						
			Less: rental expenses	6b						
			Rental income or (loss)	6с				Marin Book and a second	Tradition (Vicinity)	
			Net rental income or (loss)		6 O	(i) Other				
		а	Gross amount from sales of		(i) Securities	(ii) Other				
			assets other than inventory	7a	98,181.					
		b	Less: cost or other basis							
Jue			and sales expenses	7b	0.					
Vel									CARS OF THE	
her Revenue		d	Net gain or (loss)		<u></u>	., <b>&gt;</b>	98,181.			98,181.
je l	8		Gross income from fundraisin	-	, ,				FY SALLS	
ŏ			including \$266	<u>, 0,</u>	45. of		Office with a 18		AS ALL THE	
			contributions reported on I	ine 1	1c). See					
			Part IV, line 18		8a					
			Less: direct expenses		Contra	46,706.				
		С	Net income or (loss) from f	undi	raising events		-46,706.	villa en javo		-46,706.
	9	а	Gross income from gaming	act	ivities. See				AND DESCRIPTIONS	
			Part IV, line 19						11. Sept. 03.	
		b	Less: direct expenses							
			Net income or (loss) from g			<b>&gt;</b>				
			Gross sales of inventory, le				MENTER CONTROL	MISC MALESCAN		CALL AND A
- 1		_	and allowances			J				
		h	Less: cost of goods sold							
						4				
-	_	<u>.                                    </u>	Net income or (loss) from s	ales	or inventory	Business Code		T-7-17 M2=======	and the second	
Sn	44	_				Dualitess Code		CRUE LIVE CONTRACTOR	The second secon	
8 e	11			_						
llar		b		_	<del></del>					
Miscellaneous Revenue		С.	All al		<del></del>					
Ĭ			All other revenue							
			Total. Add lines 11a-11d				C 754 C42	272 026		104 611
_	12		Total revenue. See instruction	ns		<b>&gt;</b>	6,754,643.	373,936.	0.	104,611.
03200	9 12-2	23-2	20							Form <b>990</b> (2020)

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 (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 844,751 844,751. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 280,884. 280,884. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 2,238,427. 1,089,882. 577,516. 571,029. 7 Pension plan accruals and contributions (include 140,504. 60,784. section 401(k) and 403(b) employer contributions) 47,874. 31,846. 266,078. 115,108. 90,660. 60,310. 9 Other employee benefits ..... 191,411. 83,376. Payroll taxes 64,351. 43,684. Fees for services (nonemployees): 52,068. Management \_\_\_\_\_ 52,068. 38,945. 5,010. 32,698. 1.237. Legal 70,136. 70,136. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... 26,559. 26,559. Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 765,175. 758,787. 6,388. Advertising and promotion 12 Office expenses 192,825. 94,603. 82,779. 15,443. 13 142,767. 35,700. 100,440. 6,627. 14 Information technology Royalties 15 267,890. 124,232. 76,653. 16 Occupancy 67,005. 28,962. 19,259. 560. 9,143. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19,721. 750. 11,510. 7,461. 19 20 Payments to affiliates ..... 21 29,686. 29,686. 22 Depreciation, depletion, and amortization 47,896. 47,896. 23 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.) EVENT SUPPLIES, PRODUCT 1,308,619. 1,256,833. 5,768. 46,018. CONSULTANTS 1,163,562. 903,979. 99,159. 160,424. c BAD DEBT 55,015. 55,015. e All other expenses 8,171,881. 5,393,054. 1,819,865. Total functional expenses. Add lines 1 through 24e 958,962. 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)

ra	πх	Check if Schedule O contains a response or no	te to any li	ine in this Part X	SHEAR CONTRACTOR OF THE STANDARDS	347373000000000	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,985,413.	1	1,455,459		
	2	Savings and temporary cash investments			1,251,147.	2	1,254,653
	3	Pledges and grants receivable, net			1,491,542.	3	425,644
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current o				ELM.	THE PARTY
		trustee, key employee, creator or founder, subs	tantial cor	ntributor, or 35%			
		controlled entity or family member of any of the	se person	s		5	
	6	Loans and other receivables from other disquali	fied perso				
		under section 4958(f)(1)), and persons describe	d in sectio	n 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			63,321.	9	31,799
	10a		1 1				
		basis. Complete Part VI of Schedule D	10a	312,766.			
	b	*************	10b	288,814.	53,638.	10c	23,952
	11	Investments - publicly traded securities			3,410,830.	11	4,012,407
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	334,914.	15	204,714		
_	16	Total assets. Add lines 1 through 15 (must equ			8,590,805.	16	7,408,628
	17	Accounts payable and accrued expenses	544,860.	17	338,482		
	18	Grants payable			18	4 - 0-0-0-0-0	
	19	Deferred revenue	************		50,000.	19	10,000
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or forn					
Ę		trustee, key employee, creator or founder, subs		-		77/11-	AS VILLEY AND A DE
Liabilities		controlled entity or family member of any of the	-	010000000000000000000000000000000000000		22	
_	23	Secured mortgages and notes payable to unrela		NO. 100000011001101111111		23	
	24	Unsecured notes and loans payable to unrelate		HONORAGE COUNTRIES CANADA		24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	3 17-24). C	Complete Part X			
	0.0	of Schedule D			594,860.	25	348,482
_	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			334,000.	26	340,402
S		and complete lines 27, 28, 32, and 33.	ck nere			150	
Ž	27	Net assets without donor restrictions		F	4,722,559.	27	3,337,501
<u>ala</u>	28	Net assets with donor restrictions	3,273,386.	28	3,722,645.		
Ā		Organizations that do not follow FASB ASC 9			3,273,300.	20	3,722,043
בַּ		and complete lines 29 through 33.	JO, CHECK	There P		B. IFE	
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
et /	32	Total net assets or fund balances			7,995,945.	32	7,060,146.
Z	33				8,590,805.	33	7,408,628
_	- 55	Total habilities and her assets/fully balances	······································		0,000,000.	<u> </u>	7,400,020

Form 990 (2020)

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,75	4,6	43.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,17		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,41	7,2	38.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,99	5,9	45.
5	Net unrealized gains (losses) on investments	5	48:	1,4	39.
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	7,06	0,1	46.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		3.840		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			46
2a			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed			W18	188
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		- 20		
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		(5)		5-7
	consolidated basis, or both:			A	
	X Separate basis Consolidated basis Both consolidated and separate basis			. PU	W
С	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?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche			Tea <sub>3</sub>	1941
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
- Cu	Act and OMB Circular A-133?	-	3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit	Ja Ja		
.,	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

2020
Open to Public

Inspection

Employer identification number

-		KEEF	AMERICA B	EMULIFUL, IN	- •			3-1/01033
Pa	ırt I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in sect					,	
3		A hospital or a cooperative					i).	
4	$\Box$	A medical research organiz					•	the hospital's name.
·	_	city, and state:		,		000110		the respirate or rearrier
5		An organization operated for	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental unit describe	ad in
٠		section 170(b)(1)(A)(iv). (0		lings of differently owned	or operati	cd by a gc	verninental unit describe	SQ III
_				nontal unit described in		70/L\/4\/A\	4.3	
6	X	A federal, state, or local go						
′	[A]	An organization that norma		intial part of its support fi	om a gove	ernmentai	unit or from the general i	oublic described in
		section 170(b)(1)(A)(vi). (C						
8	님	A community trust describe						
9	Ш	An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the I	name, city	, and state of the college	or
		university:						
10	Ш	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)					
11		An organization organized a	and operated exclus	ively to test for public sat	ety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform tl	ne functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section (	509(a)(2).	See section 509(a)(3).	Check the box in
		lines 12a through 12d that						
а		Type I. A supporting orga					-	aivina
-	13.	the supported organization						
		organization. You must o			majority o	i tilo diloc		apporting
b		Type II. A supporting org	•		ion with it	cupporto	nd organization(s) by bay	ina
D								=
		control or management o			ane perso	ris iriai co	ntroi or manage the supp	oorted
		organization(s). You mus					and the second of the second	1 141
С								ed with,
		its supported organization		•	-	-	•	
d		Type III non-functionally						
		that is not functionally int						/eness
		requirement (see instructi	ions). <b>You must co</b> i	mplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	• •	nally integrated supporti	ng organiz	ation.		
f	Ente	r the number of supported o	organizations					
g		ride the following information	about the supporte	ed organization(s).				
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the organic in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Tota	si.		12 Carlos P. 11 15 15		31,1 1 32	1,0000,0		
·								

# 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8359562.	7222987.	7424921.	7802138.	5762124.	36571732.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	8359562.	7222987.	7424921.	7802138.	5762124.	36571732.
5		Andrew Street	2 17 12				
	by each person (other than a				DESCRIPTION OF THE		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3906050.
6	Public support. Subtract line 5 from line 4.						32665682.
	ction B. Total Support						<u> </u>
_	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	8359562.	7222987.	7424921.	7802138.	5762124.	36571732.
8	Gross income from interest,			,			000727020
-	dividends, payments received on			ì	l)		
	securities loans, rents, royalties,						
	and income from similar sources	88,901.	96,354.	115,754.	70,339.	53,136.	424,484.
9	Net income from unrelated business				,	00,200	222,2021
•	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.)	1,931.	7,328.	78,809.			88,068.
11	Total support. Add lines 7 through 10		MARKET LANGUAGE		1000		37084284.
	Gross receipts from related activities,	etc (see instructio	ne)			12	D70042041
	First 5 years. If the Form 990 is for th	•		ourth or fifth tax v			
	organization, check this box and stop						▶□
Sec	ction C. Computation of Publi	c Support Per	centage		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	
	Public support percentage for 2020 (li			olumn (fl)		14	88.08 %
	Public support percentage from 2019					15	91.32 %
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali						
17a							
	7a 10% -facts-and-circumstances test - 2020. 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 te				::		
b	10% -facts-and-circumstances test		•		577535	7a. and line 15 is	CARGONIAN TOTAL TO
	more, and if the organization meets th						10,001
	organization meets the facts-and-circu						▶□
18	Private foundation. If the organization						
			10, 100	., ,		dule A (Form 990	

032022 01-25-21

# Schedule A (Form 990 or 990-EZ) 2020 KEEP AMERICA BEAUTIFUL, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

So	qualify under the tests listed be ction A. Public Support	low, please comp	olete Part II.)				
-		(a) 0010	(h) 0047	(-) CO10	(.0.0040	T (-) 0000	10 T
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
٠,	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
_							
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
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				153		
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)				La		
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	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						
	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						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			and suffered to		04(:)(0) : ::	
14	First 5 years. If the Form 990 is for the				•		
Sec	check this box and stop here	Support Per	centage	1			
	Public support percentage for 2020 (lin			olumn (fl)		15	
	Public support percentage from 2019		anne promis	olumin (i))		16	<u>%</u>
	ction D. Computation of Invest				WARRANT CONTRACTOR OF THE STATE	101	70
17	Investment income percentage for 20			ne 13 column (fl)		17	30
18	Investment income percentage from 20.					18	<u>%</u> %
	33 1/3% support tests - 2020. If the	•		on line 14, and line			
154							
L	more than 33 1/3%, check this box and			· · ·	• • •		COLORS TAKE WAS RE-
O	33 1/3% support tests - 2019. If the	-				•	
20	line 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization	I did not check a	DOX ON line 14, 198	i, or 19b, check th			
03202	3 01-25-21				Sch	edule A (Form 990	or 990-EZ1 2020

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

_		Yes	No
-	1		
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	3b		
	3c		
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	9c		
2			
	10a		
1		256	
	10b		

Pa	Supporting Organizations (continued)		_	
		-	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	7-13		
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	44-		
ь	11c below, the governing body of a supported organization?  A family member of a person described in line 11a above?	11a		
	A 35% controlled entity of a person described in line 11a above? If "Yes" to line 11a, 11b, or 11c, provide	11b		17
·	detail in Part VI.	11c	10000	20
Sec	tion B. Type I Supporting Organizations	1 110		
	The state of the s		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	200	103	140
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	18.3	3 173	10
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		1	33. 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 officers, directors, or trustees were allocated among the	1	2000	6
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		1000	F 18
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		- 7.7	3913
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1/10,53		7,17
200	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	30 30 1		
	or management of the supporting organization was vested in the same persons that controlled or managed	1		20,0
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	JI was the same and s		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	100	165	140
	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		- 38	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	17252		1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a	11 22	148	
	significant voice in the organization's investment policies and in directing the use of the organization's	xi .3		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		F Foot	
6	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		owar.	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	struction		N/ E
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	is emi	Yes	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			mal.
	those supported organizations and explain how these activities directly furthered their exempt purposes,	La Contract		
	how the organization was responsive to those supported organizations, and how the organization determined	an serie		33
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Y.		60.
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	5 30	A S	d in
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	griy.	1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		F 13	
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			N, T
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	ule A (Form 990 or 990-EZ) 2020 KEEP AMERICA BEAUTIFUL	, INC.	1	L3-1761633 Pag
Parl				
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations me	ust complete s	sections A through E.	T /5\ 6
Section	n 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		
ectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see		LOCAL BANKS	Parks of the
	nstructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	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 i	Discount claimed for blockage or other factors			DATE OF STREET
	explain in detail in Part VI):	1000		
2 /	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 5	Subtract line 2 from line 1d.	3		
4 (	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5 1	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7 F	Recoveries of prior-year distributions	7		
8 1	Minimum Asset Amount (add line 7 to line 6)	8		
ectio	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1	Year State	
	inter 0.85 of line 1.	2		
3 1	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Inter greater of line 2 or line 3.	4	WIND TEXT WITH	
	ncome tax imposed in prior year	5		

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

Schedule A (Form 990 or 990-EZ) 2020

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990 or 990 EZ) 2020 KEEP AMERICA BEAUTIFUL, INC. 13-1761633 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2020 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 a From 2015 **b** From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2020 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines 3j and 4c.

Schedule A (Form 990 or 990-EZ) 2020

Breakdown of line 7:
 a Excess from 2016
 b Excess from 2017
 c Excess from 2018
 d Excess from 2019
 e Excess from 2020

Schedule A	(Form 990 or 990-EZ) 2020 KEEP	AMERICA	BEAUTIF	UL, INC.		13-1761633	Page
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c	. 4b. 4c. 5a. 6. 9	a. 9b. 9c. 11a. 1	1b. and 11c: Part	IV. Section B. lines	or 17b; Part III, line 12;	ı C
	line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Pa (See instructions.)	d 3; Part IV, Sec	tion E, lines 1c, 2	2a, 2b, 3a, and 3b	: Part V. line 1: Par	t V. Section B. line 1e: Pa	ırt V,
	N.						
_							
		_					

032028 01-25-21

## 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

2020

Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

]	KEEP AMERICA BEAUTIFUL, INC.	13-1761633					
Organization type (chec	k one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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						
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.					
General Rule							
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor's						
Special Rules							
sections 509(a)( any one contribu	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to an discribed in section 501(c)(3) filing Form 990 or 990-EZ), Part II, line 13, 16a, outor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amout EZ, line 1. Complete Parts I and II.	or 16b, and that received from					
contributor, duri literary, or educa	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributio is checked, ente purpose. Don't c	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a consexclusively for religious, charitable, etc., purposes, but no such contributions totaled mean here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it table, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>					
out it <b>must</b> answer "No" o	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo et the filing requirements of Schedule B (Form 990, 990-FZ, or 990-PF)						

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

Name of organization

Employer identification number

### KEEP AMERICA BEAUTIFUL, INC.

13-1761633

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 INC. 6601 W. BROAD ST RICHMOND, VA 23230	\$ 845,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	P.O. BOX 2959 WINSTON SALEM, NC 27101	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total con <del>t</del> ributions	(d) Type of contribution
3_	THE DOW CHEMICAL COMPANY  2511 E. PATRICK RD  MIDLAND, MI 48674	\$634,748.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MARS WRIGLEY CONFECTIONERY  600 W. CHICAGO AVE  CHICAGO, IL 60654	\$375,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SANTA FE NATURAL TOBACCO CO PO BOX 25140 SANTA FE, NM 87504	\$320,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ANHEUSER-BUSCH  ONE BUSCH PLACE ST  ST. LOUIS, MT 63118	\$300,000.	Person X Payroll

Name of organization

Employer identification number

### KEEP AMERICA BEAUTIFUL, INC.

13-1761633

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					
	COCA-COLA FOUNDATION  1 COCA COLA PLAZA NW  ATLANTA, GA 30313	\$300,000.	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
8	AMERICAN BEVERAGE ASSOCIATION  1275 PENNSYLVANIA AVE NW  WASHINGTON, DC 20004	\$8	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
9	UPS FOUNDATION  55 GLENLAKE PKWY NE  ATLANTA, GA 30328	\$150,000.	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
=		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

Name of organization

Employer identification number

### KEEP AMERICA BEAUTIFUL, INC.

13-1761633

Part II	Noncash Property (see instructions). Use duplicate copies of Par		-1/61633
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	PROGRAM SUPPLIES		
		\$ 407,248.	12/31/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	,
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u> </u>		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
:		     \$	0
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

EEP AN	MERICA BEAUTIFUL, INC.	one to organizatione described in a	13-1761633 ection 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	through (e) and the following line er	ntry. For organizations
	Use duplicate copies of Part III if additional	space is needed.	Tess to the year. (Effet this into, office,)
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of gif	ft  Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of git	ft  Relationship of transferor to transferee
-			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of gif	ft  Relationship of transferor to transferee
-	Transferee's name, address, ar	10 ZIF + 4	Relationship of transferor to transferee
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		ft	
	Transferee's name, address, ar	(e) Transfer of gif	Relationship of transferor to transferee
-			

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

D-	KEEP AMERICA BEAUTIF			13-1761633
Pa			nds or Acco	unts. Complete if the
-	organization answered "Yes" on Form 990, Part IV, line 6			
		(a) Donor advised funds	(b) F	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writ			
	are the organization's property, subject to the organization's exc	lusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advis	sors in writing that grant funds ca	n be used only	
	for charitable purposes and not for the benefit of the donor or do			VI
-	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the organ	zation answered "Yes" on Form §	990, Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization (	check all that apply).		
	Preservation of land for public use (for example, recreation	or education) Preservati	on of a historica	ally important land area
	Protection of natural habitat	Preservati	on of a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the f	orm of a consei	vation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2	а
b				b
C	Number of conservation easements on a certified historic structu			С
d	Number of conservation easements included in (c) acquired after			
	listed in the National Register		2	
3	Number of conservation easements modified, transferred, releas	ed, extinguished, or terminated by	y the organization	on during the tax
	year			
4	Number of states where property subject to conservation easem			
5	Does the organization have a written policy regarding the period	c monitoring, inspection, handling	g of	
	violations, and enforcement of the conservation easements it ho	ds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, har	dling of violations, and enforcing	conservation ea	asements during the year
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing cons	ervation easem	ents during the year
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above sa			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation e	·		
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial sta	tements that de	escribes the
Da	organization's accounting for conservation easements.		011 01	
Pa	t III Organizations Maintaining Collections of A		Other Simi	lar Assets.
_	Complete if the organization answered "Yes" on Form 99			
1a	If the organization elected, as permitted under FASB ASC 958, r			
	of art, historical treasures, or other similar assets held for public			of public
	service, provide in Part XIII the text of the footnote to its financia			
b	If the organization elected, as permitted under FASB ASC 958, to			
	art, historical treasures, or other similar assets held for public exl	nibition, education, or research in	furtherance of	public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>\$</b>
				\$
2	If the organization received or held works of art, historical treasures		ncial gain, prov	ride
	the following amounts required to be reported under FASB ASC	•		
а	Revenue included on Form 990, Part VIII, line 1		a	<b>\$</b>
				<b>\$</b>
LHA	For Paperwork Reduction Act Notice, see the Instructions for	Form 990.		Schedule D (Form 990) 2020

032051 12-01-20

		ERICA BEAU					13-17	61633	Page 2		
Pa	rt III Organizations Maintaining C							(continu	ied)		
3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the following that	t make sigr	nificant u	ise of its				
	collection items (check all that apply):										
a	Public exhibition	d		or exchange progra							
b	Scholarly research	е	e L Other								
C											
4							se in Part	XIII.			
5	January Control Contro										
Pa	t IV Escrow and Custodial Arran	gements Comple	ne organizatio	n's collection?			D 104	Yes	No		
	reported an amount on Form 990, Pa		ete ir trie orga	nzation answered	res on F	orm 990	, Part IV,	ine 9, or			
1a	Is the organization an agent, trustee, custod		iany for contril	outions or other ass	eate not inc	cluded					
iu	on Form 990, Part X?						Г	Yes	□ No		
b	If "Yes," explain the arrangement in Part XIII					***********		_ res	NO		
_	in roo, explain the arrangement in rate xiii	and complete the for	lowing table.					Amount			
С	Beginning balance					1c		Zanodin			
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrov	v or custodial acco	unt liability			Yes	No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has	been provided on	Part XIII						
Pai	t V Endowment Funds. Complete	if the organization an	swered "Yes"	on Form 990, Part	IV, line 10						
		(a) Current year	(b) Prior y	ear (c) Two yea	rs back (c	) Three y	ears back	(e) Four	ears back		
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr			mn (a)) held as:							
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	100									
С		%									
•	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are h	eld and administer	red for the	organiza	ition	-			
	by:								Yes No		
	(i) Unrelated organizations			333331	**********	STATE SALES AND AND		3a(i)			
h	(ii) Related organizations	tions listed as veguin						3a(ii)			
4	Describe in Part XIII the intended uses of the			le H?				3b			
	t VI   Land, Buildings, and Equipm		winem junos.								
	Complete if the organization answere		Part IV line	11a See Form 900	Dart V lin	a 10					
	Description of property	(a) Cost or o		) Cost or other		umulate	d	(d) Book	value		
	Boothpater of property	basis (investr		basis (other)	` '	eciation	۱ ا	(u) BOOK	value		
1a	Land	<del> </del>		(- 1.10-)	25/51	EU NE	= [1]				
	Buildings										
	Leasehold improvements										
	Equipment			51,693.	4	17,62	28.	4	,065.		
	Other			261,073.		11,18			,887.		
Total	. Add lines 1a through 1e. (Column (d) must e		X. column (B).			100000000000	<b>D</b>		,952.		

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.	Carrier of	200000	
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-of	waar market value
	(b) BOOK Value	(c) Method of Valuation. Cost of end-of	-year market value
(1) Financial derivatives			
(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" or		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)			
(8)			
(9) Tatal (Cal (b) must small Form 000 Part V and (P) line 10 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Total History
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part Viline 15	
	Description	Tru. dee Form 990, Fart X, line 15.	(b) Book value
(1)	= '		(4)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.		167557	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	# \ D
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	25.1		
2. Liability for uncertain tax positions. In Part XIII. provide t		the organization's financial statements that	roporto tho

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 ... X

Schedule D (Form 990) 2020

Schedule D	(Form 990) 2020 Supplemental Infor	KEEP	AMERICA	BEAUTIFUL,	INC.	13-1761633	Page 5
Part XIII	Supplemental Infor	mation	(continued)				
3							

#### **SCHEDULE G**

(Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

		NC.			13-1761				
Fundraising Activities. required to complete this par	Complete if the organization answer	ered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not			
Indicate whether the organization rais	eed funds through any of the following seed funds through any of the following Solicitate for oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includa rofessi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	tees, or Yes				
compensated at least \$5,000 by the		iant to	agreer	nents under willon tr	ie iuliulaisel is to be	,			
(i) Name and address of individual or entity (fundraiser)  (ii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Amount paid to (or retained by) fundraiser listed in col. (i)  (vi) Amount paid to (or retained by) fundraiser listed in col. (ii)									
		Yes	No						
	la .								
Total  3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o			or has been notified	it is exempt from re	gistration			
LHA For Paperwork Reduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E	<b>Z</b> . 9	Schedule G (Form 9	90 or 990-EZ) 2020			

Schedule G (Form 990 or 990-EZ) 2020

		le G (Form 990 or 990-EZ) 2020 KEEP AM				1761633 Page 2
Pa	ו דו	Fundraising Events. Complete if the of fundraising event contributions and groups and groups.	e organization answered	l "Yes" on Form 990, Par	rt IV, line 18, or reported	more than \$15,000
		or iditarationing events contributions and gre	(a) Event #1 VISION	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			DINNER (event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue		Grana receipte	266,045.	(event type)	(total number)	266,045.
Re	1	Gross receipts	200,045.			200,045.
	2	Less: Contributions	266,045.			266,045.
_	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
esuad	6	Rent/facility costs	10,129.			10,129.
Direct Expenses	7	Food and beverages				
۵	8	Entertainment				
	9	Other direct expenses	36,577.			36,577.
	10	Direct expense summary. Add lines 4 through				46,706.
Pa		Net income summary. Subtract line 10 from li  Gaming. Complete if the organization a		990 Part IV line 19 or	reported more than	-46,706.
		\$15,000 on Form 990-EZ, line 6a.		000,7 41177, 1110 10, 01		
<u>o</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			.,,	bingo/progressive bingo		col. (a) through col. (c))
Re	1	Gross revenue				
Expenses	2	Cash prizes				
ct Expe	3	Noncash prizes				
Direc	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
•	F4					
9 a		ter the state(s) in which the organization condu he organization licensed to conduct gaming ac	_	states?		Yes No
		No," explain:		F.010000000000		
16	Ξ					-
		re any of the organization's gaming licenses re Yes," explain:	voked, suspended, or te	rminated during the tax	year?	Yes No
	_					
0320F	2 11	-25-20	il e		Schedule G (Fo	rm 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 KEEP AMERICA BEAUTIFUL, INC.	13-1761633 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity form	ned
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a   %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	
Name Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	ne amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
To daming manager mornication.	
Name	
Gaming manager compensation > \$	
Description of services provided	
Divotov/officer	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	
organization's own exempt activities during the tax year > \$	pent in the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a	and (v): and Part III. lines 9. 9b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(-),,
032083 11-25-20 Sch	andula G (Farm 000 at 000 F7) 0000
5cn	nedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ)	KEEP AMERICA	BEAUTIFUL,	INC.	13-1761633 Page 4
Schedule G (Form 990 or 990 EZ)  Part IV Supplemental Infor	mation (continued)			10.10845.73
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## SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

Open to Public

OMB No. 1545-0047

Inspection

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

83. % ⊠ 83. **Employer identification number** 13-1761633 (h) Purpose of grant or assistance Xes PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT 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 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 10,000 500 6,250, 000 (d) Amount of 5,000 1,750 cash grant 'n ω, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) INC KEEP AMERICA BEAUTIFUL, Enter total number of other organizations listed in the line 1 table 02-0735076 23-7286159 01 - 05885549001980-90 20-3033220 22-3188213 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? PENNSYLVANIA ENVIRONMENTAL COUNCIL 1 (a) Name and address of organization N 25550 HARBOR VIEW ROAD SUITE LIBERATION PROGRAMS, INC. KEEP ROME FLOYD BEAUTIFUL PORT CHARLOTTE, FL 33980 KEEP CHARLOTTE BEAUTIFUL or government KEEP DURHAM BEAUTIFUL Name of the organization ALLEGHENY CLEANWAYS PITTSBURG, PA 15214 ROME, GA 30162-1433 2801 N CHARLES ST NORWALK, CT 06850 LUZERNE, PA 18709 DURHAM, NC 27704 2011 FAY STREET 175 MAIN STREET 129 GLOVER AVE P.O. BOX 1433 Parti Part 2

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

Schedule I (Form 990) 2020

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	Schedule	e I (Form 990)	KEEP .	AMERICA	BE	AUTIFUL	, INC.								13-1761633	Page 1
	Part II	Continuation o	f Grants an	d Other Ass	istance	to Domestic (	Organization	ns and D	omestic G	Sovernment	s (Sched	ule I (Forn	n 990), Par	t II.)		

(a) Name and address of corganization or government of organization or government of corganization or government or gover	(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
NANCY WHELESS COMMUNITY VOLUNTEERS 1574 LINCOLN AVE SE ATLANTA, GA 30317	23-7614584		7,000.	0,			PROGRAM SUPPORT
KEEP PENNSYLVANIA BEAUTIFUL 105 WEST 4TH ST. GREENSBURG, PA 15601	25-1645291		20,000.	*0			PROGRAM SUPPORT
GWINNETT CLEAN & BEAUTIFUL 446 W CROGAN ST LAWRENCEVILLE, GA 30046	26-2969476		1,000.	.0			PROGRAM SUPPORT
BALTIMORE TREE TRUST 120 W, NORTH AVENUE BALTIMORE, MD 21201	26-4031411		4,500.	*0			PROGRAM SUPPORT
KEEP NORWALK BEAUTIFUL 125 EAST AVENUE NORWALK, CT 06851	27-1850323		8,000.	•0			PROGRAM SUPPORT
DOWNTOWN BOSTON BID 101 ARCH ST, SUITE 160 BOSTON, MA 02180	27-3596446		2,500.	*0			PROGRAM SUPPORT
KEEP THOMAS COUNTY BEAUTIFUL P. O. BOX 1632 THOMASVILLE, GA 31799	27-3616032		2,500.	*0			PROGRAM SUPPORT
KEEP BRUNSWICK COUNTY BEAUTIFUL P. O. BOX 249 BOLIVIA, NC 28422	30-0384879		5,000.	.0			PROGRAM SUPPORT
KEEP CINCINNATI BEAUTIFUL 1115 BATES AVENUE CINCINNATI, OH 45225	31-0948219		18,000.	.0		-	PROGRAM SUPPORT
							Schedule I (Form 990)

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Schedule I (Form 990) KEEP AMERICA BEAUTIFUL, INC.  Part II   Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	ICA BEAUTIFUL,	LFUL, INC.	and Domestic Go		(Schedule I (Form 990), Part II.)		13-1761633 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEEP INDIANAPOLIS BEAUTIFUL 445 N. PENNSYLVANIA ST. SUITE 330 INDIANAPOLIS, IN 46203	31-1005792		17,500.	.0			PROGRAM SUPPORT
KEEP SAVANNAH BEAUTIFUL 14 INTERCHANGE COURT SAVANNAH, GA 31415	31-1579230		7,000.	0			PROGRAM SUPPORT
KEEP OHIO BEAUTIFUL, INC. PO BOX 13135 FAIRLAWN, OH 44334	31-1775229		41,400.	•0			PROGRAM SUPPORT
HOCKING COUNTY HEALTH DEPARTMENT 350 STATE RD 664 N LOGAN, OH 43138	31-6400070		1,750.	0.			PROGRAM SUPPORT
KEEP COLUMBUS BEAUTIFUL 1265 MARION RD COLUMBUS, OH 43207	31-6400223		10,000.	•0			PROGRAM SUPPORT
KEEP AKRON BEAUTIFUL 850 E. MARKET ST. AKRON, OH 44305	34-1341298		250.	0.			PROGRAM SUPPORT
KEEP BROOKLYN BEAUTIFUL 7619 MEMPHIS AVE BROOKLYN, OH 44144	34-6000347		7,000.	0.0	×		PROGRAM SUPPORT
KEEP MENTOR BEAUTIFUL 8500 CIVIC CENTER BLVD. MENTOR, OH 44060	34-6001861		1,000.	.0			PROGRAM SUPPORT
KEEP DEFIANCE COUNTY BEAUTIFUL 500 COURT STREET DEFIANCE, OH 43512	34-6400373		2,500.	0			PROGRAM SUPPORT
							Schedule I (Form 990)

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Schedule I (Form 990) KEEP AMERICA BEAUTIFUL, INC.  Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	ICA BEAUTIFUL,	IFUL, INC.	and Domestic Go		(Schedule I (Form 990), Part II.)		13-1761633 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEEP ALLIANCE BEAUTIFUL P.O. BOX 324 ALLIANCE, NV 69301	36-3314935		790.	.0			PROGRAM SUPPORT
KEEP CHICAGO BEAUTIFUL 25 E. WASHINGTON SUITE 1104 CHICAGO, IL 60602	36-3529780		2,000.	0			PROGRAM SUPPORT
KEEP GENESEE COUNTY BEAUTIFUL 502 CHURCH ST FLINT, MI 48502	38-1359516		8,200.	.0			PROGRAM SUPPORT
CITY OF MIDLAND 4811 N SAGINAW RD MIDLAND, MI 48640	38-6004711		1,000.	0.			PROGRAM SUPPORT
KEEP MILWAUKEE BEAUTIFUL 1313 W MOUNT VERNON AVE MILWAUKEE , WI 53233	39-1449048		1,000.	.0			PROGRAM SUPPORT
KEEP NEBRASKA CITY BEAUTIFUL 1902 4TH CORSO NEBRASKA CITY, NV 68410	47-0491821	8	3,500.	0.	Δ.		PROGRAM SUPPORT
KEEP TOPEKA SHAWNEE CNTY BEAUT. P. O. BOX 750775 TOPEKA, KS 66675-0775	48-0887925		5,000.	0.			PROGRAM SUPPORT
DOWNTOWN FREDERICK PARTNERSHIP 19 E CHURCH ST FREDERICK, MD 21701	52-1682341		3,500.	.0			PROGRAM SUPPORT
MARYLAND COASTAL BAYS PROGRAM 8219 STEPHEN DECATUR HIGHWAY BERLIN, MD 21811	52-2123356		20,000.	0			PROGRAM SUPPORT
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Schedule I (Form 990) KEEP AMERICA BEAUTIFUL, INC.	ICA BEAUTIFUL,	IFUL, INC.	and Domestic Go		(Schedule   (Form 990), Part    )		13-1761633 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 7 75 0	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WICOMICO ENVIORNMENTAL TRUST 1320 BELMONT AVE SALISBURY, MD 21804	52-6436132		14,000.	.0			PROGRAM SUPPORT
KEEP VIRGINIA BEAUTIFUL 2800 N. PARHAM ROAD RICHMOND, VA 23294	54-0831204		5,000.	.0			PROGRAM SUPPORT
KEEP SOUTH CAROLINA BEAUTIFUL 2700 MIDDLEBURG DR. COLUMBIA, SC 29204	57-1107432		14,500	.0			PROGRAM SUPPORT
KEEP NEW HANOVER COUNTY BEAUTIFUL 617 SURREY STREET WILMINGTON, NC 28405	58-1379462		14,000.	0.			PROGRAM SUPPORT
KEEP GOLDEN ISLES BEAUTIFUL PO BOX 1493 BRUNSWICK, GA 31521	58-2393363		33,500.	0.			PROGRAM SUPPORT
KEEP EAST POINT BEAUTIFUL P. O. BOX 91929 EAST POINT, GA 30344	58-2960871		14,000.	.0			PROGRAM SUPPORT
KEEP DOUGLAS COUNTY BEAUTIFUL 8700 HOSPITAL DR DOUGLASVILLE, GA 30134	58-6000818		20,000.	*0			PROGRAM SUPPORT
KEEP PENSACOLA BEAUTIFUL 9 W. BLOUNT STREET PENSACOLA, FL 32501	59-1863230	,-	500.	•0			PROGRAM SUPPORT
KEEP ALACHUA BEAUTIFUL 211 SW 4TH AVENUESUITE 1 GAINESVILLE, FL 32601	59-3078627		11,750.	.0			PROGRAM SUPPORT
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Schedule I (Form 990) KEEP AMERICA BEAUTIFUL, INC.  [Part III Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	ICA BEAUTIFUL,	IFUL, INC.	and Domestic Go		Schadula I (Form 990) Part [])		13-1761633 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEEP PUTNAM BEAUTIFUL 205 N 2ND ST PALATKA , FL 32177	59-3112168		20,000	.0			PROGRAM SUPPORT
CITY OF TALLAHASSEE 300 S ADAMS ST TALLAHASSEE, FL 32301	59-6000435		.000,7	.0			PROGRAM SUPPORT
KEEP PORT ST. LUCIE BEAUTIFUL 450 SW THORNHILL DRIVE PORT ST. LUCIE, FL 34984-4370	59-6141662		20,000.	.0			PROGRAM SUPPORT
KEEP LEXINGTON BEAUTIFUL 835 NATIONAL AVENUE LEXINGTON, MA 40502	61-0858140		3,500.	.0			PROGRAM SUPPORT
KEEP TENNESSEE BEAUTIFUL UNIVERSITY OF MEMPHIS976 W. PARK LOOP, SUITE 113 - MEMPHIS, TN 38152	62-0648618		.005,500	0			PROGRAM SUPPORT
KEEP BLOUNT BEAUTIFUL 356 SANDERSON ST ALCOA, TN 37701	62-1486298		3,500.	.0			PROGRAM SUPPORT
LITTLE RIVER WATERSHED ASSOCIATION 1006 E LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	62-1831722		3,500.	0.			PROGRAM SUPPORT
KEEP CHESTER BEAUTIFUL 315 TALLEY STORE ROAD HENDERSON, TN 62601-8666	62-6018666		5,000.	.0			PROGRAM SUPPORT
UNIVERSITY OF MEMPHIS PLAYGROUND 976 W PARK LOOP NASHVILLE, TN 38152	62-6048540		10,000.	<u>*</u> 0			PROGRAM SUPPORT
							Schedule I (Form 990)

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Schedule I (Form 990) KEEP AMERICA BEAUTIFUL, INC.  Part II   Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	ICA BEAUTIFUL,	FUL, INC.	and Domestic Go		(Schedule I (Form 990), Part II.)		13-1761633 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEEP ETOWAH CO. BEAUTIFUL 800 FORREST AVENUE GADSDEN, AL 35901	63-0992614		500*	•0			PROGRAM SUPPORT
KEEP ALABAMA BEAUTIFUL P. O. BOX 674 MERIDIANVILLE, AL 35759	63-1154072		1,500.	*0			PROGRAM SUPPORT
KEEP MISSISSIPPI BEAUTIFUL 208 KEY DRIVE, SUITE B MADISON, MO 39110	64-0764171		500.	0			PROGRAM SUPPORT
NEW ALBANY MAIN STREET ASSOCIATION 135 E BANKHEAD STREET NEW ALBANY, MO 38652	64-0884475		3,500.	.0			PROGRAM SUPPORT
KEEP MERIDIAN AND LAUDERDALE COUNTY BEAUTIFUL - 3637 PARKWAY BLVD - MERIDIAN, MO 39305	64-6000696		6,000.	0.			PROGRAM SUPPORT
KEEP PALM BEACH COUNTY BEAUTIFUL 1920 PALM BEACH LAKES BLVD SUITE 21 WEST PALM BEACH, FL 33409	65-0117981		3,500.	.0			PROGRAM SUPPORT
SHREVEPORT GREEN 3625 SOUTHERN AVE, SHREVEPORT, LA 71104	72-0970610		14,500.	*0			PROGRAM SUPPORT
KEEP BOSSIER BEAUTIFUL 707 BARKSDALE BLVD, ATT: DAWNA BERR BOSSIER CITY, LA 71111	72-1058153		500.	.0			PROGRAM SUPPORT
KEEP COVINGTON BEAUTIFUL 317 N JEFFERSON AVE COVINGTON, LA 70433	72-1275066		500.	•0			PROGRAM SUPPORT
							Schedule I (Form 990)

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Schedule I (Form 990) KEEP AMERICA BEAUTIFUL, INC.  Part II   Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	ICA BEAUTIFUL, Assistance to Domestic Or	IFUL, INC.	and Domestic Go		(Schedule I (Form 990), Part II.)		13-1761633 Page 1
(a) Name and address of organization or government	( <b>b</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 LOUISIANA BEAUTIFUL 902 COFFEE ST MANDEVILLE, LA 70448	72-1499919		14,600.	0			PROGRAM SUPPORT
KEEP DERIDDER BEAUTIFUL 200 S. JEFFERSON ST. DERIDDER, LA 70634	72-6000336		.000,2	*0			PROGRAM SUPPORT
KEEP LINCOLN PARISH BEAUTIFUL PO BOX 979 RUSTON, LA 71273	72-6000673		.000,2	.0			PROGRAM SUPPORT
KEEP TANGIPAHOA BEAUTIFUL 113 NORTH BAY STREET AMITE, LA 70422	72-6001371		2,750.	0.			PROGRAM SUPPORT
OKLAHOMA CITY BEAUTIFUL 3535 N. CLASSEN OKLAHOMA CITY, OK 73118	73-0785200		7,000.	*0			PROGRAM SUPPORT
KEEP HOUSTON BEAUTIFUL 104 N GREENWOOD HOUSTON, TX 77011	74-1946081		16,000.	.0			PROGRAM SUPPORT
KEEP IRVING BEAUTIFUL 3000 ROCK ISLAND ROAD P. O. BOX 154 IRVING, TX 75060	75-2580047		500.	•0	=		PROGRAM SUPPORT
LYCEE FRANCAIS DE LA NOUVELLE ORLEANS - 5951 PATTON ST - NEW ORLEANS, LA 70115	80-0502031		12,000.	.0			PROGRAM SUPPORT
PROJECT PETALS, INC PO BOX 341430 JAMAICA, NY 11434	81-1566426		.000.	*0			PROGRAM SUPPORT
							Schedule I (Form 990)

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Schedule I (Form 990) KEEP AMERICA BEAUTIFUL, INC.  Part II   Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	ICA BEAUTIFUL, ssistance to Domestic Or	IFUL, INC.	and Domestic Go		(Schedule I (Form 990), Part II.)		13-1761633 Page 1
(a) Name and address of organization or government	( <b>b</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
MAUI OCEAN CENTER MARINE INSTITUTE 192 MA'ALAEA RD WAILUKI, HI 96793	81-2540684		14,000.	*0			PROGRAM SUPPORT
KEEP DELAWARE BEAUTIFUL 4 CABOT PLACE NEWARK, DE 19711	82-0656889		14,000.	0			PROGRAM SUPPORT
KEEP THE TENNESSEE RIVER BEAUTIFUL PO BOX 22342 KNOXVILLE, TN 37933	82-2318211		14,000.	.0			PROGRAM SUPPORT
COUNTY OF ADA 200 W FRONT ST BOISE, ID 83702	82-6000277		40,000.	.0			PROGRAM SUPPORT
UTAH CENTER FOR CIVIC IMPROVEMENT 1067 S 1400 W SALT LAKE CITY, UT 84104	83-0803110		10,000.	•0			PROGRAM SUPPORT
PACIFIC BEACH COALITION PO BOX 932 PACIFICA, CA 94044	83-1241456		13,500.	0.			PROGRAM SUPPORT
KEEP CARTER COUNTY BEAUTIFUL 546 E ELK AVE ELIZABETHTON, TN 37643	84-3948459		10,000.	.0			PROGRAM SUPPORT
KEEP WOODLAND PARK BEAUTIFUL 148 ILLINI DRIVE WOODLAND PARK, CO 80863	84-6001740		10,000.	.0			PROGRAM SUPPORT
KEEP PHOENIX BEAUTIFUL 200 WEST WASHINGTON ST. 16TH FLOOR PHOENIX, AZ 85003	86-0456964		29,000.	0.			PROGRAM SUPPORT
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Schedule	l (Form 990)	KEEP	AMERIC	BEAU		INC.						13-1761633	Page 1
Part II	Continuation of	Grants an	d Other Assi	stance to Do	omestic Org	anizations	and Domestic	Governments	(Schedul	le I (Form 990	), Part II.)		

(a) Name and address of organization or government	( <b>b</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
HEALTHY KLAMATH 2701 FOOTHILLS BLVD KLAMATH FALLS, OR 97601	93-0946020		10,000.	.0			PROGRAM SUPPORT
KEEP OAKLAND BEAUTIFUL PO BOX 22015 OAKLAND, CA 94623	94-2750152		4,500.	*0			PROGRAM SUPPORT
I LOVE A CLEAN SAN DIEGO 2508 HISTORIC DECATUR RD. STE. 150 SAN DIEGO, CA 92106	95-2566791		7,000.	0.			PROGRAM SUPPORT
SURFRIDER FOUNDATION PO BOX 73550 SAN CLEMENTE, CA 92673	95-3941826		*000′5	0.			PROGRAM SUPPORT
KEEP ENGLEWOOD BEAUTIFUL 1000 ENGLEWOOD PARKWAY ENGLEWOOD, CO 80110	98-0347000		*000*8	0.			PROGRAM SUPPORT
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							Schedule I (Form 990)

13-1761633 Schedule I (Form 990) 2020 KEEP AMERICA BEAUTIFUL, INC.

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.	uired in Part I, lin	ie 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
KAB PRIMARILY MAKES GRANTS TO ITS A	AFFILIATE	IATE ORGANIZATIONS	IONS (BUT NOT	NOT	
EXCLUSIVELY). IN ORDER FOR AN AFFII	AFFILIATE TO	BE ELIGIBL	ELIGIBLE THEY MUST	r BE	
DEEMED "IN GOOD STANDING WITH SPECIFIC		KAB REGULATIONS."	S." IN MOST		
INSTANCES, ONCE A GRANT IS DISTRIBUTED,	JTED, THE	RECIPIENT	RECIPIENT ORGANIZATION	ION	
NEEDS TO COMPLETE A REPORT TO INDICATE	CATE THAT	THE PROCEEDS	EDS OF THE	GRANT	
WERE SPENT AS INTENDED AND MEASURE		CERTAIN OUTCOMES O	OR METRICS.	IF THE	
GRANT RECIPIENT CANNOT FULFILL THE	GRANT AS	INTENDED,	THEY WILL	RETURN	
THE PROCEEDS BACK TO KAB.					
032102 11-02-20					Schedule I (Form 990) 2020

## **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Compensated Employees

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

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

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Tax   Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant Information regarding these items.   First-class or charter travel	ra	int   Questions Regarding Compensation			
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel				Yes	No
First-class or charter travel	<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
Travel for companions		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			14.4
Tax indemnification and gross-up payments		First-class or charter travel		5km	200
Discretionary spending account  Personal services (such as maid, chauffeur, chef)  b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  1b  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  2 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.		Travel for companions Payments for business use of personal residence			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  3 Indicate which, if any, of the following the 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.		Tax indemnification and gross-up payments Health or social club dues or initiation fees	E 18		
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  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?  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.  Compensation committee  Written employment contract  Independent compensation consultant  Compensation survey or study  Form 990 of other organizations  Approval by the board or compensation committee  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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:  The organization?  The organization?  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:  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:  The organization?  A pay a late of paymaters and provide the applicable amounts for each item in Part III.  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:		Discretionary spending account Personal services (such as maid, chauffeur, chef)		120	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  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?  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.  Compensation committee  Independent compensation consultant  Compensation survey or study  Form 990 of other organizations  Approval by the board or compensation committee  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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:  The organization?  A yreal or nine 5a or 5b, describe in Part III.  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:  The organization?  A provided perspirate or payment and provide the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  A pay a pay a pay a pay a pay or accrue any compensation contingent on the net earnings of:  A pay			4.000	126	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  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?  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.  Compensation committee  Written employment contract  Independent compensation consultant  Compensation survey or study  Form 990 of other organizations  Approval by the board or compensation committee  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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:  The organization?  The organization?  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:  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:  The organization?  A pay a late of paymaters and provide the applicable amounts for each item in Part III.  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:	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			300
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  3 Indicate which, if any, of the following the 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 or the CEO/Executive Director, but explain in Part III.  X Compensation committee			1b		
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  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.    X   Compensation committee   Written employment contract   Written employment contract   Independent compensation consultant   X   Compensation survey or study   Porm 990 of other organizations   X   Approval by the board or compensation committee    4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  a Receive a severance payment from a supplemental nonqualified retirement plan?   4a   X    b Participate in or receive payment from an equity-based compensation arrangement?   4c   X    If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.    Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.    5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?   5a   X    b Any related organization?   5a   X    f "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   X    A pay and a provide the applicable and a provide and a p	2			3 10	
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.    X   Compensation committee			2		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    X   Compensation committee				57	0.77
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    X   Compensation committee	3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	_ 57	148	
establish compensation of the CEO/Executive Director, but explain in Part III.  X Compensation committee					= 31
X   Compensation committee			11 201		500
Independent compensation consultant Form 990 of other organizations  Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in or receive payment from a supplemental nonqualified retirement plan?  c Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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 X  b Any related organization?  5b X  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  6a X  A PARTICIPATE AND A PART		TT.	33.3		
Form 990 of other organizations  X Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  a Receive a severance payment or change-of-control payment?  4a X  b Participate in or receive payment from a supplemental nonqualified retirement plan?  4b X  c Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  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 X  b Any related organization?  5b X  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the rete arranges of:  a The organization?  6a X  A X  A Develoted arrangement or commentation of the part of th			0.00		
During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in or receive payment from a supplemental nonqualified retirement plan?  c Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  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 X  Yes a severance payment or change-of-control payment?  Any related organization?  6a X  Control of the filling organization or a related organization?  6a X  Control of the filling organization?  Control of the filling organization or a related organization?  Control of the filling organization organization organization organization organization?  Control of the filling organization organization organization organization organization organization?				Per Per	
organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in or receive payment from a supplemental nonqualified retirement plan?  c Participate in or receive payment from an equity-based compensation arrangement?  dc X  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  f "Yes" on line 5a or 5b, describe in Part III.  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?  a The organization?  6a X  Expression of the payment from a supplemental nonqualified retirement plan?  4b X  4b X  4b X  4b X  4b X  4c					
organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in or receive payment from a supplemental nonqualified retirement plan?  c Participate in or receive payment from an equity-based compensation arrangement?  dc X  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  f "Yes" on line 5a or 5b, describe in Part III.  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?  a The organization?  6a X  Expression of the payment from a supplemental nonqualified retirement plan?  4b X  4b X  4b X  4b X  4b X  4c	4	During the year, did any person listed on Form 990. Part VII. Section A. line 1a, with respect to the filing			
a Receive a severance payment or change-of-control payment?  b Participate in or receive payment from a supplemental nonqualified retirement plan?  c Participate in or receive payment from an equity-based compensation arrangement?  dc X  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  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?  a The organization?  6a X  Expression of the payment of the payme			- 20° H		
b Participate in or receive payment from a supplemental nonqualified retirement plan?  c Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  f "Yes" on line 5a or 5b, describe in Part III.  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?  a The organization?  6a X  Any related expenization?	а	Paraire a support of the state of a state of	4a		X
c Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  f "Yes" on line 5a or 5b, describe in Part III.  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?  a The organization?  6a X  Any related organization?					
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.  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:  The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  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:  The organization?  Any related organization?					
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  Any voluted expeniention?			520	FJA	IP SE
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  6a X  Any related expeniention?		, , , , , , , , , , , , , , , , , , ,			
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  6a X  Any related expeniention?		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			E - 1
contingent on the revenues of:  a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  Any volated expeniention?	5		841	Tyru	
a The organization?  b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  Any veloted expeniencies?				83	
b Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  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?  Any voloted expeniencies?	а		5a		X
If "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  6a X	b	Any related organization?			
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 X		If "Yes" on line 5a or 5b, describe in Part III.	138	100	-584
contingent on the net earnings of:  a The organization?  6a X	6				
a The organization?  6a X	_			833	78
h Any volated examination?	а		6a		x
	b	Any volated ergenization?	6b		X
If "Yes" on line 6a or 6b, describe in Part III.			0.5		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
not described on lines 5 and 6? If "Yes," describe in Part III	-		7		X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	B		500	1000	III JA
initial contract expection described in Describing section 50.4050.4(-)/000.15 IV.			Q		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			0		4
Regulations section 53.4958-6(c)?	•				

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	E
(A) Name and Title	Y	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(O)-(i)(A)	in column (B) reported as deferred on prior Form 990
(1) HELEN LOWMAN	Ξ	255,884.	25,000.	0	0	28,217.	309,101.	0
PRESIDENT & CEO	€	0	0	0	0	0	0	0
(2) REBECCA LYONS	Ξ	174,775.	10,000.	0	0	43,523.	228,298.	0
CHIEF OPERATING OFFICER	<b>(E)</b>	0	0	0	0	0	0	
(3) NOAH ULLMAN	ε	157,703.	16,000.	0.	0.	34,656.	208,359.	0
OFFICER	(1)	0	0	.0	0	• 0	.0	0
(4) RANDALL HARTMANN	Ξ	142,762.	3,500.	.0	* 0	16,436.	162,698.	0
OFFICER	(11)	* 0		.0	* 0	0	0	0
(5) BALI LAMBIE-BOYER	€	110,469.	36,250.	.0	0.	8,675.	155,394.	0
OFFICER (FORMER)	(1)	* 0	0	0	0	0.	* 0	0.
(6) JESSICA WASSENAAR	Ξ	116,895.	1,750.	0	0	16,235.	134,880.	0
CHIEF OF STAFF (FORMER)	8	0	0	0	0	0	0	0
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## SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

**Noncash Contributions** 

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

KEEP AMERICA BEAUTIFUL, INC.

Employer identification number 13-1761633

Pai	rt 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 determ noncash contribution		s
1	Art - Works of art					2	
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications		LEAN TO STANK				
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 ( PROGRAM SUPPL )	Х	5,000	464,082.			
26	Other						
27	Other						
28	Other ( )						
29	Number of Forms 8283 received by the organization	zation during	the tax year for c	ontributions			
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			
						Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it	100	
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for		
	exempt purposes for the entire holding period?	2	(0		30		X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	policy that re	equires the review of	of any nonstandard contribut	ions?31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?				32		X
b	If "Yes," describe in Part II.				15.		SULT
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is chec	ked,		SES.
	describe in Part II.						8.7

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

Schedule M (Form 990) 2020

Schedule M	(Form 990) 2020	KEEP	AMERICA	BEAUTIFUL,	INC.	13-1761633	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Informa I, column Iditional in	<b>ation.</b> Provide (b), the number formation.	the information required to contributions, the	red by Part I, lines 30b number of items receiv	o, 32b, and 33, and whether the organiza wed, or a combination of both. Also comp	tion olete
					<u> </u>		
			-				
	-						
						Ē	
					= = ===		

032142 11-23-20

Schedule M (Form 990) 2020

## **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

Supplemental Information to Form 990 or 990-EZ

2020
Open to Public Inspection

Name of the organization

KEEP AMERICA BEAUTIFUL, INC.

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

Employer identification number 13-1761633

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 4C, 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) 2020

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KEEP AMERICA BEAUTIFUL, INC.

Employer identification number 13-1761633

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 2020 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 4D, OTHER PROGRAM SERVICES:

KEEP AMERICA BEAUTIFUL EMPLOYEE ENGAGEMENT SERVICES, DEVELOPS, MANAGES

AND EXECUTES TOP-NOTCH CORPORATE VOLUNTEER PROGRAMS, CUSTOMIZING A

COMPANY'S VOLUNTEERING NEEDS TO STRATEGICALLY FIT INTO THEIR LARGER

EMPLOYEE ENGAGEMENT AND CSR PROGRAMMES.

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Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** KEEP AMERICA BEAUTIFUL, INC. 13-1761633 EXPENSES \$ 3,874,938. INCLUDING GRANTS OF \$ 324,601. REVENUE \$ 373,136. FORM 990, PART VI, SECTION B, LINE 10B: THE LOCAL AFFILIATES ARE SEPARATE NONPROFIT ENTITIES AND/OR AGENCIES OF LOCAL GOVERNMENTS THAT ARE NOT CONTROLLED BY KAB AND THEREFORE KAB DOES NOT HAVE WRITTEN POLICIES AND PROCEDURES IN PLACE TO GOVERN THE ACTIVITIES OF THESE AFFILIATES. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY KAB'S CHIEF OPERATING OFFICER, PRESIDENT, 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

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization  KEEP AMERICA BEAUTIFUL, INC.	Employer identification number 13-1761633
AVAILABLE AS REQUESTED.	
PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR	

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## KEEP AMERICA BEAUTIFUL, INC. YEARS ENDED DECEMBER 31, 2020 AND 2019

## **Table of Contents**

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Statements of Financial Position	3
Statements of Activities and Changes in Net Assets	4
Statements of Functional Expenses	5 - 6
Statements of Cash Flows	7
Notes to Financial Statements	8 - 22



## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors Keep America Beautiful, Inc. Stamford, Connecticut

We have audited the accompanying financial statements of Keep America Beautiful, Inc. (a nonprofit organization), which comprise the statements of financial position as of December 31, 2020 and 2019, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



## **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Keep America Beautiful, Inc. as of December 31, 2020 and 2019, and the changes in its nets assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## Adoption of New Accounting Pronouncement

As discussed in Note 2 to the financial statements, the Keep America Beautiful, Inc. adopted the amendments in Accounting Standards Codification Topic 606, Revenue from Contracts with Customers as of January 1, 2020. Our opinion is not modified with respect to these matters.

CERTII IED I CIQUE RECEGOI.

Braintree, Massachusetts May 7, 2021

## KEEP AMERICA BEAUTIFUL, INC. STATEMENTS OF FINANCIAL POSITION DECEMBER 31, 2020 AND 2019

## **ASSETS**

		<u>2020</u>		<u>2019</u>
Cash and cash equivalents	\$	, ,	\$	3,236,560
Gift cards		204,714		334,914
Contributions receivable, net Prepaid expenses and other assets		425,644		1,491,542
Investments		31,799 4,012,407		63,321 3,410,830
Property and equipment, net		23,952		53,638
	_		_	Services Sades
TOTAL ASSETS	\$_	7,408,628	\$	8,590,805
LIABILITIES AND NET ASSE	TS.			
Liabilities:				
Accounts payable and accrued expenses	\$	338,482	\$	544,860
Refundable advances	8	10,000	_	50,000
Total liabilities	_	348,482	_	594,860
Net assets:				
Without donor restrictions		3,337,501		4,722,559
With donor restrictions	_	3,722,645	11.	3,273,386
Total net assets		7,060,146	;	7,995,945
TOTAL LIABILITIES AND NET ASSETS	\$	7,408,628	\$	8,590,805

# KEEP AMERICA BEAUTIFUL, INC. STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS YEARS ENDED DECEMBER 31, 2020 AND 2019

		2020			2019	
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Revenues and support: Contributions and grants In-kind contributions	\$ 1,521,504 6,745,430	\$ 4,024,465	\$ 5,545,969 6,745,430	\$ 3,449,870 13,908,195	\$ 3,458,300	\$ 6,908,170 13,908,195
donors  Conferences and fees Investment income, net	219,339 373,936 26,577	3 6 3	219,339 373,936 26,577	352,653 376,400 42,872	D E V	352,653 376,400 42,872
investments  Net assets released from donor restrictions  Total revenues and support	579,620 3,575,206 13,041,612	(3,575,206)	579,620	634,299 3,304,387 22,068,676	(3,304,387)	634,299
Expenses: Program Management and general Fundraising	11,674,402 1,793,306 958,962	ğ (U) ğ	11,674,402 1,793,306 958,962	17,861,213 1,897,069 1,079,589	X - OV - X	17,861,213 1,897,069 1,079,589
Total expenses Changes in net assets	14,426,670 (1,385,058)	449,259	14,426,67 <u>0</u> (935,799)	20,837,871	153,913	20,837,871
Net assets, beginning NET ASSETS, ENDING	4,722,559 \$ 3,337,501	3,273,386 \$ 3,722,645	7,995,945	3,491,754 \$ 4,722,559	3,119,473 \$ 3,273,386	6,611,227

See accompanying notes to financial statements.

# KEEP AMERICA BEAUTIFUL, INC. STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED DECEMBER 31, 2020

	Program		Management	Ħ Į	Fundraising	Direct Benefits	enefits	T	Total Expenses
	1 10 State	ĺ	alla Octicial		- Indianage			I Ora	האוזהלעדו
Donated media	\$ 5,909,339	339 \$	,	₩	ĩ	₩		₩	5,909,339
Employee compensation and related	1,349,150	150	1,061,285		706,869	1307			3,117,304
Event supplies, production and support	1,256,833	333	5,768		46,018	3,	37,621		1,346,240
Professional and consulting	908,989	680	315,326		100,396		238		1,324,949
Marketing and communications	1,100,096	96(	6,388		ë				1,106,484
Affiliate and other grants	844,751	751	1		*	ж			844,751
Occupancy	124,232	232	76,653		67,005		129		268,019
Office and related	94,603	503	82,779		15,443		2,468		195,293
Technology	35,700	200	100,440		6,627		6,250		149,017
Travel and conferences	50,709	602	12,070		16,604				79,383
Bad debt	É		55,015		ï	Ł			55,015
Insurance	9		47,896		ī	24			47,896
Depreciation		1	29,686	ļ	r			į	29,686
	11,674,402	102	1,793,306		958,962	4	46,706		14,473,376
Less expenses included with revenues on the statement of activities and changes in net									
assets		ĺ			r	(4)	(46.706)		(46.706)
TOTAL EXPENSES	\$ 11.674,402	102	1.793,306	₩	958,962	₩		<b>₩</b>	\$ 14,426,670

# KEEP AMERICA BEAUTIFUL, INC. STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED DECEMBER 31, 2019

	v	Management		Direct Benefits	
	Program	and General	Fundraising	to Donors	Total Expenses
Donated media	\$ 13,014,227	1	<u>0</u>		\$ 13,014,227
Employee compensation and related	1,557,049	857,682	722,348		3,137,079
Event supplies, production and support	1,428,244	57,332	134,126	157,388	1,777,090
Affiliate and other grants	1,026,906	и	ij	Q.	1,026,906
Professional and consulting	248,040	610,364	64,956	655	924,015
Occupancy	123,520	76,135	66,552	ı	266,207
Marketing and communications	193,408	42,283	6,307	36	241,998
Travel and conferences	131,874	23,055	47,021	491	202,441
Office and related	108,545	39,067	38,279	882	186,773
Technology	29,400	97,562	<u>6</u>	ĵ)	126,962
Insurance	1	61,706	¥	1	61,706
Depreciation	11	31,883		1	31,883
	17,861,213	1,897,069	1,079,589	159,416	20,997,287
Less expenses included with revenues on the statement of activities and changes in net					
assets		ř		(159,416)	(159,416)
TOTAL EXPENSES	\$ 17,861,213	\$ 1,897,069	\$ 1,079,589	<b>∀</b>	\$ 20,837,871

## KEEP AMERICA BEAUTIFUL, INC. STATEMENTS OF CASH FLOWS YEARS ENDED DECEMBER 31, 2020 AND 2019

		<u>2020</u>	<u>2019</u>
Cash flows used in operating activities:			
Changes in net assets	\$	(935,799)	\$ 1,384,718
Adjustments to reconcile changes in net assets to net cash			
used in operating activities:			
Forgiveness of paycheck protection program loan		(513,972)	2
Depreciation		29,686	31,883
Bad debt expense		55,015	40
Realized and unrealized gains on investments		(579,620)	(634,299)
Changes in operating assets and liabilities:			
Gift cards		130,200	(334,914)
Contributions receivable, net		1,010,883	(1,199,108)
Prepaid expenses and other assets		31,522	48,342
Accounts payable and accrued expenses		(206,378)	101,676
Refundable advances	00	(40,000)	(302,972)
Net cash used in operating activities	() <u>—</u>	(1,018,463)	(904,674)
Cash flows from investing activities:			
Purchases of investments		(48,516)	(1,621,470)
Proceeds from sales of investments		26,559	3,046,158
Acquisition of property and equipment	-		(71,662)
Net cash provided by (used in) investing activities	8=	(21,957)	1,353,026
Cash flows from financing activities:			
Proceeds from paycheck protection program loan		513,972	2
Net cash provided by financing activities	-	513,972	
, ,	20	-	440.050
Net increase (decrease) in cash and cash equivalents		(526,448)	448,352
Cash and cash equivalents - beginning	-	3,236,560	2,788,208
CASH AND CASH EQUIVALENTS - ENDING	\$_	2,710,112	\$3,236,560

## NOTE 1. ORGANIZATION

Keep America Beautiful, Inc. (the "Organization" or "KAB") is a nonprofit organization whose network of local, statewide, and international affiliate programs educates individuals about litter prevention and ways to reduce, reuse, recycle, and properly manage waste materials. KAB's mission is to engage individuals in taking greater responsibility for improving their community environments. Through partnerships and strategic alliances with citizens, businesses, and government, KAB programs involve millions of volunteers annually to clean up, beautify, and improve their neighborhoods, thereby creating healthier, safer, and more livable community environments.

The local affiliates are separate nonprofit entities and/or agencies of local governments that are not controlled by KAB and, therefore, their financial position, changes in net assets, and cash flows are not included in the accompanying financial statements.

## NOTE 2. <u>SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES</u>

## Basis of Presentation

The financial statements of the Organization have been prepared on the accrual basis. The significant accounting policies followed are described below to enhance the usefulness of the financial statements to the reader.

## Net Assets

The Organization follows the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Subtopic Presentation of Financial Statements of Not-for-Profit Entities. Net assets, revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified as follows:

Net assets without donor restrictions - Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the board of directors.

Net assets with donor restrictions - Net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. The Organization did not have any net assets with donor restrictions that are perpetual in nature at December 31, 2020 and 2019.

## Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

## NOTE 2. <u>SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)</u>

## Use of Estimates (continued)

Significant estimates for the years ended December 31, 2020 and 2019 include the valuation of in-kind contributions (Note 11). In-kind contributions and expenses include donated media, which is recognized in the amount of \$5,909,339 and \$13,014,227, respectively, in the accompanying statements of activities and changes in net assets and statements of functional expenses for the years ended December 31, 2020 and 2019, respectively. Management uses third party valuations and applies a discount to these values based on various factors and perceived value of the services received.

## Concentration of Credit Risk

Cash and cash equivalents include cash on hand, demand deposits, and highly liquid investments with original maturities of three months or less. At times, deposits of cash may exceed federally insured limits. The Organization has not experienced any losses in such accounts, and management believes it is not exposed to any significant credit risk on cash and cash equivalents.

## Contributions Receivable

Contributions receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to earnings and a credit to a valuation allowance based on its assessment of probable uncollectible amounts. Balances that are outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to contributions and grants receivable. At December 31, 2020, the allowance for uncollectible accounts totaled \$55,000. There was no allowance for doubtful accounts at December 31, 2019 as all contributions receivable amounts were deemed collectable. All contributions receivable were considered current and due within one year at both December 31, 2020 and 2019.

## Investments

Investments in marketable securities with readily determinable fair values are reported at their fair values based on quoted prices in active markets in the statements of financial position. Investment income and investment gains and losses are reported as increases in net assets without donor restrictions unless their use is restricted by explicit donor stipulations or law.

## Fair Value Measurement

The Organization follows the provisions of the Fair Value Measurements Topic of the FASB ASC. This Topic clarifies that fair value is an exit price representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. This Topic establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs. Determining where an asset or liability falls within that hierarchy depends on the lowest level input that is significant to the fair value measurement as a whole. The three levels of the fair value hierarchy are described below.

## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

## Fair Value Measurement (continued)

- Level 1 Quoted market prices that are available in active markets for identical assets or liabilities. The types of financial instruments included in Level 1 are marketable equity securities that are traded in an active exchange market.
- Level 2 Pricing inputs other than quoted prices in active markets, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. Level 3 includes assets and liabilities whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

The following is a description of the valuation methodologies used for asset investments measured at fair value, as well as the general classification pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2020 and 2019.

• Money market funds, fixed income bond funds, mutual funds, and common stock have been reported in the financial statements at fair value. The fair value of these securities is based upon quoted prices from an active market and are therefore categorized in level 1.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of the certain financial instruments could result in a different fair value measurement at the reporting date.

## Property and Equipment

Property and equipment are recorded at cost or, if donated, at fair value, on the date of the contribution. Expenditures for maintenance and repairs are expensed as incurred. Repairs which materially extend the life of the assets are capitalized. Depreciation of property and equipment is computed on a straight-line basis over the estimated useful lives of three to five years.

## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

## Valuation of Long-Lived Assets

The Organization accounts for the valuation of long-lived assets in accordance with the FASB ASC Topic *Property, Plant and Equipment.* This Topic requires that long-lived assets be reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of the long-lived asset is measured by a comparison of the carrying amount of the asset to future undiscounted net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the estimated fair value of the assets. Assets to be disposed of are reportable at the lower of the carrying amount or fair value, less costs to sell. At December 31, 2020 and 2019, the Organization has determined that no long-lived assets are impaired.

## Refundable Advances

Refundable advances as of December 31, 2020 and 2019 represents advances from sponsors earmarked specifically and conditionally upon programs to be held during a future period.

## Revenue Recognition

Revenue is reported as increases in net assets without donor restrictions unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions. Gains and losses on assets or liabilities are reported as increases or decreases in net assets without donor restrictions unless their use is restricted by explicit donor stipulations or by law. Expirations of net assets with donor restrictions (i.e., the donor-stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as net assets released from donor restrictions. Contributions received with donor-imposed restrictions that are met in the same year as received are reported as revenues without donor restrictions.

## Year Ended December 31, 2020

The Organization adopted ASC Topic 606, Revenue from Contracts with Customers ("Topic 606") on January 1, 2020. With the adoption of Topic 606, revenue is measured based on the consideration specified in a contract with a customer, and excludes any amounts collected on behalf of third parties. Under Topic 606, the Organization recognizes revenue when it satisfies a performance obligation by transferring control over a product or service to a customer. The majority of the Organization's services represent a bundle of services that are not capable of being distinct and as such, are treated as a single performance obligation that is satisfied as the services are rendered. The Organization determines the transaction price based on contractually agreed upon rates, adjusted for any variable consideration, if any.

Fees and publication sales and conferences are offered by the Organization throughout the course of the year. Revenues from fees are recognized over the calendar year. Publication sales are recorded at the time of sale whereas conference revenue is recorded at the time the conference is held.

## NOTE 2. <u>SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)</u>

## Revenue Recognition (continued)

## Year Ended December 31, 2019

For the year ended December 31, 2019, the Organization recognized revenue when (1) the service was performed and the Organization had no significant obligations remaining to be performed; (2) a final understanding as to specific nature and terms of the agreed upon transaction had occurred; (3) price was fixed and determinable; and (4) collection was assured. Services generally met these criteria, and revenue was recognized, when services were rendered.

## Contributions

Contributions, including unconditional promises to give, are recognized as revenues in the period the promise is received. Conditional promises to give are not recognized until they become unconditional, that is, at the time when the conditions on which they depend are substantially met. Contributions of assets other than cash are reported at their estimated fair value. Contributions to be received after one year are discounted at an appropriate discount rate commensurate with the risk involved. Amortization of the discount is recorded as additional contribution revenue in accordance with donor-imposed restrictions, if any, on the contributions. All contributions receivable at December 31, 2020 and 2019 were due within one year, therefore no discount was recorded.

Contributions of land, buildings, and equipment without donor stipulations concerning the use of such long-lived assets are reported as revenues without donor restrictions. Contributions of cash or other assets to be used to acquire land, buildings and equipment with donor stipulations are reported as revenues with donor restrictions; the restrictions are considered to be released at the time the long-lived assets are placed in service.

Contributions of services are reported as revenues and expenses without donor restrictions at the fair value of the services received only if the services create or enhance a non-financial asset or would typically need to be purchased by the Organization if they had not been provided by individuals with those skills. Contributions of goods are reported at fair value as revenues and expenses without donor restrictions at the time the goods are received (Note 11).

## Disaggregation of Revenue

The Organization operates its programs from Stamford, Connecticut but coordinates and hosts events and programs across the country. The Organization's viability is dependent on the strength of the economy in the United States and its ability to generate revenues from donors, fundraising events and other sources, and its ability to collect these revenues.

## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

## Functional Expenses

The costs of providing various program and other activities have been summarized on a functional basis in the accompanying financial statements. Accordingly, certain costs have been allocated among the programs and supporting services benefited on a reasonable basis that is consistently applied. Employee compensation and related expenses are allocated on the basis of time and effort. Occupancy expense is allocated on a square footage basis. Other expenses are allocated based on actual usage or allocated based on time and effort, depending on the nature of the expense.

## Income Taxes

The Organization is exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code ("IRC") and accordingly, no provision for income taxes has been recorded in the accompanying financial statements. The Organization is subject to federal and state income taxes on unrelated business income, if any. The Organization files informational tax returns as required by the IRC.

The Organization accounts for uncertain tax positions in accordance with FASB ASC Topic *Income Taxes*. This Topic prescribes a recognition threshold and measurement process for financial statement recognition of uncertain tax positions taken or expected to be taken in a tax return. This Topic also provides guidance on recognition, derecognition, classification, interest and penalties, accounting in interim periods, disclosure and transition. At December 31, 2020 and 2019, management believes that the Organization has no material uncertain tax positions.

## Recently Implemented Accounting Pronouncements

Revenue from Contracts with Customers - In May 2014, the FASB issued Accounting Standards Update ("ASU") No. 2014-09, Revenue from Contracts with Customers ("Topic 606"), with several clarifying updates issued subsequently. In conjunction with Topic 606, a new subtopic, ASC 340-40, Other Assets and Deferred Costs — Contracts with Customers, was also issued. The updated standard replaces most existing revenue recognition and certain cost guidance under U.S. GAAP. Collectively, the Organization refers to Topic 606 and Subtopic 340-40 as "ASC 606". ASC 606 amends existing accounting standards for revenue recognition and establishes principles for recognizing revenue upon the transfer of promised goods or services to customers based on the expected consideration to be received in exchange for those goods and services. The Organization adopted ASC 606 effective January 1, 2020 using the modified retrospective approach. Use of the modified retrospective approach means the Organization's comparative periods prior to initial application are not restated. The Organization has determined that the adjustments using the modified retrospective approach did not have a material impact on the date of the initial application along with the disclosure of the effect on prior periods. The Organization applied the portfolio approach in implementing ASC 606.

## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

## Recently Issued But Not Yet Effective Accounting Pronouncements

In-kind Contributions - In September 2020, FASB issued ASU No. 2020-07, Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets ("ASU 2020-07"), which is intended to increase the transparency of contributed nonfinancial assets for not-for-profit entities through enhancements to presentation and disclosure. This ASU is effective for annual periods beginning after June 15, 2021, with early adoption permitted. KAB is evaluating the effect that ASU 2020-07 will have on its financial statements and related disclosures.

Leases - In February 2016, the FASB issued ASU No. 2016-02, Leases ("ASU 2016-02"). This update requires all leases with a term greater than 12 months to be recognized on the statement of position through a right-of-use asset and a lease liability and enhanced disclosures regarding the amount, timing, and uncertainty of cash flows arising from leases. In July 2018, the FASB issued ASU No. 2018-10, Codification Improvements to Topic 842 and ASU No. 2018-11, Leases: Targeted Improvements which provided narrow amendments to clarify how to apply certain aspects of the new leases standard and options regarding transition. The standard requires either a modified retrospective transition approach with application in all comparative periods presented, or an alternative transition method, which permits the Organization to use its effective date as the date of initial application without restating the comparative period financial statements and recognizing any cumulative effect adjustment to the opening statement of financial position. In June 2020, the FASB issued ASU No. 2020-05 Revenue from Contracts with Customers (Topic 606) and Leases (Topic 842). ASU 2020-05 amended the effective date for ASU 2016-02 and related amendments. ASU 2016-02, as amended, is effective for fiscal years beginning after December 15, 2021. The Organization is evaluating the effect that ASU 2016-02 will have on its financial statements and related disclosures.

## Reclassifications

Certain amounts included in the 2019 financial statements have been reclassified to conform to the 2020 presentation. These reclassification adjustments had no effect on previously reported net assets or changes in net assets.

## Subsequent Events

The Organization has evaluated all events subsequent to the statement of financial position date of December 31, 2020, through the date which the financial statements were available to be issued, May 7, 2021, and has determined that there are no subsequent events that require disclosure under FASB ASC Topic Subsequent Events other than as discussed in Note 13.

## NOTE 3. AVAILABILITY AND LIQUIDITY

The following reflects the Organization's financial assets as of December 31, 2020, reduced by amounts that are not available for general use within one year of the statement of financial position date because of donor-imposed restrictions that may not be released within one year through the normal course of business and board designations. As part of its liquidity management plan, the Organization operates its programs within a balanced budget and relies on grants and contributions, with and without donor restrictions, to fund its operations and program activities. Cash is maintained in checking and savings accounts and is readily available for use. Investments are available for liquidation upon approval by the board of directors.

Cash Contributions receivable, net Investments	\$ 2,710,112 425,644 4,012,407
Total financial assets	7,148,163
Less amounts not available to be used within one year:	
Board designated net assets  Donor restricted contributions	(4,012,407) (3,722,645)
Subtotal	(586,889)
Donor restricted net assets expected to be released within one year through conducting the normal activities of the	2
Organization	2,432,258
Financial assets available to meet cash needs for general expenditures within one year	\$ <u>1,845,369</u>

## NOTE 4. PROPERTY AND EQUIPMENT

Property and equipment consist of the following at December 31:

		<u>2020</u>		<u>2019</u>
Digital assets Property and equipment	\$ 	261,073 51,693	\$	261,073 54,490
Less accumulated depreciation	_	312,766 (288,814)	_	315,563 (261,925)
	\$	23,952	\$	53,638

Depreciation expense for the years ended December 31, 2020 and 2019 totaled \$29,686 and \$31,883, respectively.

## NOTE 5. <u>INVESTMENTS</u>

The Organization's board of directors designated the Organization's investments as the KAB Sustainability Fund (the "Fund") to help ensure the long-term continuity of the Organization and its future ability to carry out its charitable mission. The Fund is administered by the executive committee of the board of directors in accordance with the board of director's adopted policies. As the Fund is board-designated, the balance of the investment account is included in net assets without donor restrictions. All interest and dividend earnings are reinvested into the Fund as they are earned. The Organization's total investment balance of \$4,012,407 and \$3,410,830 was held in the Fund at December 31, 2020 and 2019, respectively.

Investments are stated at fair value and are summarized as follows at December 31:

		<u>2020</u>		<u>2019</u>
Cash and money market funds	\$	856,829	\$	509,210
Fixed income bond funds		504,397		693,972
Mutual funds		58,360		258,080
Common stock	_	2,592,821	-	1,949,568
	\$	4,012,407	\$_	3,410,830

The following schedule summarizes the investment return which is reported as investment income in the accompanying statements of activities and changes in net assets as of December 31:

		<u>2020</u>		<u>2019</u>
Investment income	\$	53,136	\$	70,339
Investment fees	(-	(26,559)	_	(27,467)
	\$	26,577	\$_	42,872

The following schedule summarizes realized and unrealized gains recognized on investments held at December 31:

	<u>2020</u>	<u>2019</u>
Net gains recognized during the year on equity securities	\$ 579,620	\$ 634,299
Less: net gains recognized during the year on equity securities sold during the period	98,181	190,341
Unrealized gain recognized during the year on equities still held at December 31	\$ 481,439	\$ 443,958

## NOTE 6. FAIR VALUE MEASUREMENT

The following fair value hierarchy table represents information about the Organization's assets measured at fair value on a recurring basis as of December 31, 2020:

	Level 1	Level 2	Level 3	Fair Value
Cash and money market	\$ 856,829	\$	\$	\$ 856,829
Fixed income bond funds	504,397			504,397
Mutual funds: Foreign large-blend	58,360	=	= =	58,360
Common stock:				
Consumer goods	671,152	-	+	671,152
Healthcare	541,878	=	=	541,878
Technology	466,484	=	-	466,484
Financial services	303,782	=	-	303,782
Industrials	233,250	ž	<u></u>	233,250
Communication services	220,954	-	*	220,954
Real estate	79,595	2	Ω	79,595
Basic materials	<u>75,726</u>	=		75,726
Total common stock	2,592,821		* * * * * * * * * * * * * * * * * * * *	2,592,821
Total	\$ 4,012,407	\$	\$	\$_4,012,407

The following fair value hierarchy table represents information about the Organization's assets measured at fair value on a recurring basis as of December 31, 2019:

	Level 1	Level 2	Level 3	Fair Value
Cash and money market	\$ 509,210	\$	\$	\$509,210
Fixed income bond funds	693,972	<u> </u>		693,972
Mutual funds:				
Foreign large-blend	65,240	-	×	65,240
Large and mid-cap blend	159,712	=	=	159,712
Small-cap	33,128		··· <del>·</del>	33,128
Total mutual funds	258,080		=	258,080
Common stock:				
Healthcare	320,768	5.1	-	320,768
Consumer goods	493,593	2	=	493,593
Industrials	274,718	5.1	=	274,718
Technology	267,400	=	-	267,400
Communication services	173,080	2.7	=	173,080
Financial services	168,195	=	-	168,195
Basic materials	126,295	9	-	126,295
Real estate	71,075			71,075
Energy	<u>54,444</u>		· · · · · · · · · · · · · · · · · · ·	54,444
Total common stock	1,949,568	<u>'</u>		1,949,568
Total	\$_3,410,830	\$	\$	\$_3,410,830

## NOTE 7. PAYCHECK PROTECTION PROGRAM

On April 14, 2020, the Organization received loan proceeds of \$513,972 under the Paycheck Protection Program ("PPP"). The PPP, which was established as part of the Coronavirus Aid, Relief and Economic Security Act ("CARES Act"), provides for loans to qualifying businesses for amounts up to 2.5 times certain average monthly payroll expenses of the qualifying business. The loan and accrued interest, or a portion thereof, may be forgiven after 24 weeks so long as the borrower uses the loan proceeds for eligible purposes including payroll, benefits, rent, mortgage interest and utilities, and maintains its payroll levels. At least 60% of the loan proceeds must be spent on payroll costs, as defined by the PPP for the loan forgiveness.

The PPP loan matures two years from the date of first disbursement of proceeds to the Organization (the "PPP Loan Date") and accrues interest at a fixed rate of 1%. Payments are deferred for at least the first ten months and payable in equal consecutive monthly installments of principal and interest commencing upon expiration of the deferral period of the PPP Loan Date.

U.S. GAAP does not contain authoritative accounting standards for forgivable loans provided by governmental entities. Absent authoritative accounting standards, interpretative guidance issued and commonly applied by financial statement preparers allow for the selection of accounting policies amongst acceptable alternatives. Based on the facts and circumstances, the Organization determined it most appropriate to account for the PPP loan proceeds under the conditional contribution model within ASC 958-605. Under the conditional contribution model, the Organization recognizes the proceeds received as a refundable advance, and subsequently recognizes grant revenue as the conditions are met. Conditions are deemed to be met as the allowable expenses are incurred. The Organization deemed the conditional contribution model to be the most appropriate accounting policy for this arrangement based on the nature of the PPP loan program. The Organization recognized \$513,972 of grant revenue under the PPP loan program during the year ended December 31, 2020, which is included in contributions and grants on the statements of activities and changes in net assets. There is no remaining balance from the loan that is recorded as a refundable advance.

The Organization currently intends to use the proceeds for purposes consistent with the PPP, however, there can be no assurances that the Organization will ultimately meet the conditions for forgiveness of the loan or that the Organization will not take actions that cause the Organization to be ineligible for forgiveness of the loan, in whole or in part. If not forgiven, principal loan payments of \$311,667 and \$202,305 are due during the years ended December 31, 2021 and 2022, respectively.

## NOTE 8. <u>NET ASSETS</u>

Net assets with donor restrictions were as follows for the years ended December 31:

	<u>2020</u>		<u>2019</u>
Great American Clean-Up	\$ 1,386,379	\$	175,000
Cigarette litter prevention	1,045,879		1,248,300
Recycling projects	584,570		788,771
Brewery partnership project	275,000		140.
Employee engagement	155,000		155,000
Other programs	149,411		89,198
Affiliate development	63,167		70,000
Keep Newark Beautiful	48,842		: <del>*</del> ::
RETREET (Note 13)	14,397		14 T
Grants			485,000
Litter research	÷ <del>-</del> :		209,617
National conference		_	52,500
Total	\$ 3,722,645	\$	3,273,386

Net assets released from donor restrictions are as follows for the years ended December 31:

		<u>2020</u>		<u>2019</u>
Satisfaction of purpose restrictions:				
Recycling projects	\$	1,149,201	\$	837,742
Cigarette litter prevention		751,095		1,359,876
Litter research		592,157		=
Grants		485,000		22
Great American Clean-Up		301,621		-
Other programs		78,007		826,442
RETREET (Note 13)		57,604		=
Keep Newark Beautiful		51,188		=
National conference		52,500		90,000
Vision		50,000		=
Affiliate development		6,833		160,327
Employee engagement	-		_	30,000
Total	\$	3,575,206	\$	3,304,387

## NOTE 9. LEASES

## Occupancy

During 2019, the Organization amended its previous lease agreement and entered into a 10-year lease for new space in the same building for their Stamford, Connecticut headquarters. The amended lease is effective through 2030. The space was provided rent-free for six months, with monthly rental payments beginning at \$19,959 starting in 2019. The monthly payments increase annually through the end of the lease. Rent expense is recognized on the straight-line basis and expenses related to this lease were approximately \$239,500 per year for the years ended December 31, 2020 and 2019.

## NOTE 9. LEASES (CONTINUED)

## Office Equipment

The Organization has multiple operating leases for office equipment requiring monthly payments ranging from \$600 to \$950 with expiration dates ranging from November 2021 through March 2022, along with various other equipment leases on an at-will basis. Total rent expense under these lease agreements for the years ended December 31, 2020 and 2019 were \$20,788 and \$26,447, respectively.

Required future minimum lease payments are as follows:

Year		<u>Amount</u>		
2021	\$	248,513		
2022		242,763		
2023		245,313		
2024		249,063		
2025		252,813		
Thereafter	N <del>2</del>	1,161,250		
	\$_	2,399,715		

## NOTE 10. EMPLOYEE BENEFIT PLANS

The Organization has a qualified 403(b) defined contribution pension plan for all employees. Participants may make voluntary contributions to the plan, not to exceed the limitations prescribed by the IRC. Under the plan, the Organization makes semimonthly elections to match a portion of employees' contribution up to 5%. The Organization's contribution to the plan was \$140,504 and \$74,967, respectively, to the plan for the years ended December 31, 2020 and 2019.

## NOTE 11. <u>IN-KIND CONTRIBUTIONS</u>

The Organization received in-kind contributions totaling \$6,745,430 and \$13,908,195, respectively, for the years ended December 31, 2020 and 2019. The value of donated goods and services for the years ended December 31, 2020 and 2019 recognized in the accompanying financial statements is as follows:

		<u>2020</u>		<u>2019</u>
Revenue:				
Donated media	\$	5,909,339	\$	13,014,227
Program supplies and equipment		464,082		366,308
Marketing		341,309		296
Conference fees		30,700		14
Gift cards		=		490,160
Professional and consulting services	_	e	99	37,500
Total in-kind revenue reported	\$	6,745,430	\$_	13,908,195

## NOTE 11. <u>IN-KIND CONTRIBUTIONS (CONTINUED)</u>

		<u>2020</u>		<u>2019</u>
Expenses:				
Donated media	\$	5,909,339	\$	13,014,227
Event supplies, production and support		464,082		521,554
Marketing		341,309		Fig. 1
Conference fees		30,700		S=1
Professional and consulting services	-	(#	-	37,500
Total in-kind expenses reported	1	6,745,430	-	13,573,281
Assets reported:				
Gift cards			-	334,914
Total in-kind assets reported	00	78	<u> </u>	334,914
Total in-kind expenses and assets reported	\$	6,745,430	\$_	13,908,195

## NOTE 12. <u>UNCERTAINTIES, COMMITMENTS, AND CONTINGENCIES</u>

## COVID-19

In March of 2020, the World Health Organization declared COVID-19 to constitute a "Public Health Emergency of International Concern". The Organization remained open during the pandemic having employees work remotely and taking the necessary sanitation and social distancing protocols to operate programs safely within state and local COVID-19 guidelines. The Organization held certain events virtually and postponed other events as a result of the pandemic. Due to the uncertainty of the situation, long-term operational disruption and related financial impacts, if any, cannot be reasonably estimated at this time.

## NOTE 13. SUBSEQUENT EVENTS

## Paycheck Protection Program Second Draw Loan

During February 2021, the Organization received loan proceeds of \$513,972 under the Paycheck Protection Program Second Draw Loans ("PPP SD"). The second round of PPP funding, which was established as part of the Consolidated Appropriations Act, provides loans to qualifying businesses for amounts up to 2.5 times certain average monthly payroll expenses of the qualifying business. The loan and accrued interest, or a portion thereof, may be forgiven after twenty-four weeks so long as the borrower uses the loan proceeds for eligible purposes including payroll, benefits, rent, mortgage interest and utilities, and maintains its payroll levels. Not more than 40% of the amount forgiven can be attributable to nonpayroll costs.

The PPP SD loan matures five years from the date of first disbursement of proceeds to the Organization (the "PPP SD Loan Date") and accrues interest at a fixed rate of 1%. Payments are deferred for the covered period plus ten months and payable in fifty (50) equal consecutive monthly installments of principal and interest commencing on the eleventh month anniversary of the end of the covered period.

## NOTE 13. SUBSEQUENT EVENTS (CONTINUED)

## Paycheck Protection Program Second Draw Loan (continued)

The Organization currently intends to use the proceeds for purposes consistent with the PPP SD, however, there can be no assurances that the Organization will ultimately meet the conditions for forgiveness of the loan or that management will not take actions that could cause the Organization to be ineligible for forgiveness of the loan, in whole or in part.

## Acquisition

Effective January 14, 2021, Keep America Beautiful, Inc. entered into an Asset Transfer Agreement with RETREET. RETREET's mission is to provide disaster relief to communities on a local, national, and international level by leading volunteers in restoring decimated urban forests and to inspire and educate people to take action every day to improve and beautify their community environment. Keep America Beautiful, Inc. will be the sole surviving organization as a result of the acquisition.