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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: Address change; Name change; Initial return; Terminated; Amended return; Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization KEEP AMERICA BEAUTIFUL, INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 1010 WASHINGTON BLVD. Room/suite

City or town, state or country, and ZIP + 4 STAMFORD, CT 06901

D Employer Identification number 13-1761633

E Telephone number (203) 659-3000

G Gross receipts $ 10,820,191.

F Name and address of principal officer MATT MCKENNA
SAME AS C ABOVE ,

H(a) Is this a group return for affiliates? Yes [ ] No [X]

H(b) Are all affiliates included? Yes [ ] No [ ]

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website. ▶ WWW.KAB.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1953 M State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
KAB'S MISSION IS TO ENGAGE INDIVIDUALS IN TAKING GREATER RESPONSIBILITY FOR IMPROVING THEIR COMMUNITY ENVIRONMENTS.

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

Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	24
	5	Total number of employees (Part V, line 2a)	27
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	6,663,116.	9,694,529.
	9	Program service revenue (Part VIII, line 2g)	795,365.	629,018.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-83,588.	79,672.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-160,125.	-101,908.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,214,768.	10,301,311.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	606,785.	798,600.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,559,761.	1,936,882.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 564,022.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,144,297.	5,279,778.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,310,843.	8,015,260.
	19	Revenue less expenses Subtract line 18 from line 12	-96,075.	2,286,051.

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	6,602,518.	9,430,383.
	21	Total liabilities (Part X, line 26)	749,108.	1,777,180.
	22	Net assets or fund balances Subtract line 21 from line 20	5,853,410.	7,653,203.

RECEIVED
MAY 18 2010
OGDEN, UT

Part II Signature Block

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

Sign Here

▶ Signature of officer 5-13-10 Date

▶ Matthew H. McKenna, President/CEO Type or print name and title

Paid Preparer's Use Only

Preparer's signature Barbara Abel Date 5-11-10 Check if self-employed ▶ [ ] Preparer's identifying number (see instructions) P00688411

Firm's name (or yours if self-employed) address, and ZIP + 4 ▶ DELOITTE TAX LLP
TWO WORLD FINANCIAL CENTER NEW YORK, NY 10281

EIN ▶ 86-1065772

Phone no ▶ 212-436-2000

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *

Form **990** (2009)

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SCANNED JUL 08 2010

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
ATTACHMENT 4

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 1,306,600 including grants of $ 93,200) (Revenue $ 161,600)
ATTACHMENT 5

4b (Code _____) (Expenses $ 1,029,000 including grants of $ 216,287.) (Revenue $ 0)
ATTACHMENT 6

4c (Code _____) (Expenses $ 924,000 including grants of $ 0) (Revenue $ 0)
ATTACHMENT 7

4d Other program services (Describe in Schedule O)
(Expenses $ 3,072,225 including grants of $ 484,113) (Revenue $)

4e **Total program service expenses** ▶ 6,331,825.

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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes,"complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes,"complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes,"complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes,"complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes,"complete Schedule D, Part VI*			
	• Did the organization report an amount for investments—other-securitiesin Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes,"complete Schedule D, Part VII*			
	• Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes,"complete Schedule D, Part VIII*			
	• 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*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes,"complete Schedule D, Part X*			
	• 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? *If "Yes,"complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No)	12A		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14 a	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, and program service activities outside the United States? *If "Yes,"complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes,"complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes,"complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes,"complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes,"complete Schedule G, Part II*	18	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
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on 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	
24 a	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 question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	30		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	27		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
a	Enter the number of voting members of the governing body	1a	25		
1b	Enter the number of voting members that are independent	1b	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
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 reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CT, NY,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MR. MATTHEW MCKENNA 1010 WASHINGTON BLVD. STAMFORD, CT 06901
203-659-3000

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

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 Use Schedule J-2 if additional space is needed

- 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 See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM M. HEENAN, JR. DIRECTOR		X								
JOHN ROSENOW DIRECTOR		X								
HARVEY P. SASS DIRECTOR		X								
THOMAS H. TAMONEY, JR. DIRECTOR/SECRETARY		X		X						
RICHARD C. WEBEL DIRECTOR		X								
MARTHA F. BROOKS DIRECTOR		X								
SHERRIE COCHRAN DIRECTOR		X								
L. RICHARD CRAWFORD DIRECTOR		X								
LISE HERREN DIRECTOR		X								
THOMAS H. ROWLAND DIRECTOR		X								
HOWARD UNGERLEIDER DIRECTOR		X								
THOMAS C. BRASCO TREASURER/DIRECTOR		X		X						
JOHN W. BURGESS DIRECTOR		X								
BARRY H. CALDWELL DIRECTOR/CHAIRMAN		X								
CAROLYN CRAYTON DIRECTOR		X								
PAULA DAVIS DIRECTOR		X								

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TIMOTHY J. GARDNER DIRECTOR		X								
RICHARD D. HOFMANN DIRECTOR		X								
KELLY MCGRAIL DIRECTOR		X						0.	0.	0.
JILL SCANDRIDGE DIRECTOR		X						0.	0.	0.
PASCAL FERNANDEZ DIRECTOR		X						0.	0.	0.
KIM JEFFERY DIRECTOR		X						0.	0.	0.
BILL MORRISSEY DIRECTOR		X						0.	0.	0.
JANE POLSON DIRECTOR		X						9,149.	0.	0.
MATTHEW MCKENNA PRESIDENT/CEO	40.00			X				310,000.	0.	35,000.
GAIL CUNNINGHAM SR. VP	40.00			X				172,265.	0.	0.
SUSANNE WOODS SR VP, ENVIRONMENTAL PROGMG	40.00			X				124,073.	0.	33,744.
REBECCA LYONS CHIEF OPERATING OFFICER	40.00			X				131,717.	0.	24,385.
ROBERT WALLACE VP, COMMUNICATIONS	40.00			X				107,348.	0.	21,575.
1b Total . CONTINUED AT SCHEDULE J-2 . . . . . ▶								1,193,472.	0.	131,829.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 6

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 8		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 5

Part VIII Statement of Revenue 13-1761633

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 304,901				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 9,389,628				
	g Noncash contributions included in lines 1a-1f $ 132,908					
	h Total. Add lines 1a-1f		9,694,529			
Program Service Revenue		Business Code				
	2a CERTIFICATION FEES		39,475	39,475		
	b PROGRAM SERVICE FEES		99,150.	99,150		
	c PROGRAM ADMINISTRATIVE FEES		282,373	282,373.		
	d PUBLICATION SALES		16,328	16,328		
	e NATIONAL AND OTHER CONFERENCES		191,692	191,692		
	f All other program service revenue					
	g Total. Add lines 2a-2f		629,018			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		133,820			133,820
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		31,520			31,520
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	273,651				
	b Less cost or other basis and sales expenses	327,799				
	c Gain or (loss)	-54,148				
	d Net gain or (loss)		-54,148			
	8a Gross income from fundraising events (not including $ 16,950 of contributions reported on line 1c) See Part IV, line 18	ATCH 9 a 16,950				
	b Less direct expenses	b 191,081				
	c Net income or (loss) from fundraising events	ATCH. 10	-174,131			
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	Business Code				
	11a OTHER INCOME		40,703	40,703		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		40,703			
	12 Total Revenue. See instructions		10,301,311	669,721		165,340

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	798,600.	798,600.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,184,251.	599,041.	297,883.	287,327.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	416,088.	210,474.	104,661.	100,953.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	57,273.	33,332.	12,285.	11,656.
9 Other employee benefits	184,918.	107,639.	39,657.	37,622.
10 Payroll taxes	94,352.	51,719.	18,293.	24,340.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	59,736.		59,736.	
c Accounting	62,660.		62,660.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	0.			
13 Office expenses	154,585.	114,968.	13,624.	25,993.
14 Information technology	35,213.	21,572.	8,587.	5,054.
15 Royalties	0.			
16 Occupancy	203,955.	142,769.	34,672.	26,514.
17 Travel	101,911.	63,117.	18,587.	20,207.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	181,618.	176,626.	2,451.	2,541.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	23,723.		23,723.	
23 Insurance	0.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a SPECIAL PROJECTS	3,570,699.	3,570,699.		
b TRASH BAGS				
c CONSULTANTS	97,812.	27,728.	66,340.	3,744.
d MISCELLANEOUS	300,760.	27,457.	267,982.	5,321.
e COMMUNICATIONS	138,782.	138,538.		244.
f All other expenses	348,324.	247,546.	88,272.	12,506.
25 **Total functional expenses** Add lines 1 through 24f	8,015,260.	6,331,825.	1,119,413.	564,022.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	596,721.	1	621,179.
	2	Savings and temporary cash investments	4,460,367.	2	2,290,079.
	3	Pledges and grants receivable, net	67,438.	3	482,609.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	31,596.	9	166,070.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 214,675.			
	b	Less accumulated depreciation — 10b: 115,710.	77,001.	10c	98,965.
	11	Investments - publicly traded securities ATCH 11	1,369,395.	11	5,771,481.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	6,602,518.	16	9,430,383.
Liabilities	17	Accounts payable and accrued expenses	514,108.	17	742,180.
	18	Grants payable		18	
	19	Deferred revenue ATCH 12	200,000.	19	1,000,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	35,000.	25	35,000.
	26	**Total liabilities.** Add lines 17 through 25	749,108.	26	1,777,180.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	3,397,639.	27	3,268,553.
	28	Temporarily restricted net assets	2,455,771.	28	4,384,650.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	5,853,410.	33	7,653,203.
	34	Total liabilities and net assets/fund balances	6,602,518.	34	9,430,383.

Part XI Financial Statements and Reporting

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	X
(ii)	A family member of a person described in (i) above?	11g(ii)	X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,499,925	6,662,259	6,749,819.	6,663,115	8,414,628	30,989,746
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,499,925	6,662,259	6,749,819	6,663,115.	8,414,628	30,989,746
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12,585,933
6 **Public support** Subtract line 5 from line 4						18,403,813

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,499,925	6,662,259	6,749,819	6,663,115	8,414,628	30,989,746
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	103,513	234,962	336,593	135,199	165,070	975,337
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . ATCH. 1	563,200	840,700	30,000	51,450	103,970	1,589,320
11 **Total support.** Add lines 7 through 10						33,554,403
12 Gross receipts from related activities, etc (see instructions)					12	2,655,022

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	54.85 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	59.85 %

16a **33 1/3 % support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ [X]

b **33 1/3 % support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2009.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19 a **33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
SPECIAL EVENTS	563,200	840,700	30,000	51,450	103,970.	1,589,320
TOTALS	563,200	840,700	30,000	51,450	103,970	1,589,320

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

KEEP AMERICA BEAUTIFUL, INC

Employer identification number

13-1761633

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

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

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

5 During the year, did the organization solici t or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

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

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

b If "Yes," explain the arrangement in Part XI V and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,455,771	2,823,358			
b Contributions	5,020,145	2,416,648			
c Net investment earnings, gains, and losses					
d Grants or scholarships	3,091,266	2,784,235			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,384,650	2,455,771			

2 Provide the estimated percentage of the y ear end balance held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ 100.0000 %

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizati ons listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of t he organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		214,675.	115,710.	98,965.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				98,965.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
DEFERRED COMPENSATION	35,000.
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	35,000.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,301,311.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,015,260.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,286,051.
4	Net unrealized gains (losses) on investments	4	314,482.
5	Donated services and use of facilities	5	199,260.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,000,000.
9	Total adjustments (net) Add lines 4 through 8	9	-486,258.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,799,793.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	9,815,053.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	314,482.		
b	Donated services and use of facilities	2b	199,260.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	513,742.
3	Subtract line 2e from line 1			3	9,301,311.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	1,000,000.		
c	Add lines 4a and 4b			4c	1,000,000.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	10,301,311.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	8,015,260.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	8,015,260.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	8,015,260.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

IN KIND CONTRIBUTIONS AND FUNDRAISING EVENTS EXPENSE

PART XIII LINE 4B

IN KIND CONTRIBUTIONS

TOTAL-	333,968
INCLUDED IN CONTRIBUTION ON PART VII	132,908.
INCLUDED IN SCHEDULE D ON PART XIII LINE 4B	-201,060
IN-KIND ADJUSTMENT	1,800
TOTAL AMOUNT ON LINE 4B	-199,260

DEFERRED REVENUE

SCHEDULE D PART XII LINE 4B

DEFERRED REVENUE OF $1,000,000 FROM FINANCIAL STATEMENTS.

FIN 48 FOOTNOTE

DURING 2009, THE ORGANIZATION ADOPTED THE FASB'S GUIDANCE ON UNCERTAIN TAX POSITIONS THAT MAY REQUIRE FINANCIAL STATEMENT RECOGNITION. THE ORGANIZATION ANALYZED ITS TAX FILING POSITIONS IN ALL JURISDICTIONS REQUIRED TO FILE TAX RETURNS, AS WELL AS OPEN TAX YEARS IN THESE JURISDICTIONS. BASED ON THIS REVIEW, NO RESERVES FOR UNCERTAIN TAX POSITIONS WERE REQUIRED TO HAVE BEEN RECORDED IN ACCORDANCE WITH GAAP. IN ADDITION, THE ORGANIZATION DETERMINED THAT IT DID NOT NEED TO RECORD ANY TAX-RELATED INTEREST OR PENALTIES.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions

OMB No 1545-0047
2009
Open To Public Inspection

Name of the organization
KEEP AMERICA BEAUTIFUL, INC

Employer identification number
13-1761633

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 VISION DINNER (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	321,851.			321,851.
	2 Less Charitable contributions	304,901.			304,901.
	3 Gross income (line 1 minus line 2)	16,950.			16,950.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	191,081.			191,081.
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(191,081.)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				-174,131.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain			
10 a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

				Yes	No
13	Indicate the percentage of gaming activity operated in				
a	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records				
	Name ▶				
	Address ▶				
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			
b	If "Yes," enter the amount of gaming revenue received by the organization ▶$ _____ and the amount of gaming revenue retained by the third party ▶$ _____				
c	If "Yes," enter name and address of the third party				
	Name ▶				
	Address ▶				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ▶$ _____				
	Description of services provided ▶				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

KEEP AMERICA BEAUTIFUL, INC

Employer identification number

13-1761633

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶[ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASHVILLE GREENWORKS 357 DEPOT ST ASHEVILLE, NC 28801	56-1672870	503(C)(3)	10,500.		CASH		NESTLE RECYCLE ON TH
BRIGHTSIDE, INC 400 S. FIRST ST LOUISVILLE, KY 40202	61-1104057	503(C)(3)	10,000		CASH		WASTE MANAGEMENT GRA
DC TREASURY 3149 16TH STREET WASHINGTON, DC 20010		503(C)(3)	6,000		CASH		SCOTTS MIRACLE GRO
GREENSBORO BEAUTIFUL PO BOX 3136 GREENSBORO, NC 27402-3136	23-7099248	503(C)(3)	10,000		CASH		UPS GLOBAL VOLUNTEER
HOT SPRINGS/GARLAND COUNTY SUITE O 118 2ND ST HOT SPRINGS, AR 71913	71-0709078	503(C)(3)	6,500.		CASH		2009 CLPP GRANT
I LOVE A CLEAN SAN DIEGO 4891 PACIFIC HIGHWAY , SUITE 11	95-2566791	503(C)(3)	12,500		CASH		CLPP PROGRAM GRANT
KEEP CITRUS COUNTY BEAUTIFUL, INC PO BOX 94 LECANTO, FL 34461	59-3751769	503(C)(3)	10,500		CASH		WASTE MANAGEMENT GRA
KEEP AKRON BEAUTIFUL 850 E MARKET ST AKRON, OH 44305	34-1341298	503(C)(3)	10,500.		CASH		NESTLE RECYCLE ON TH
KEEP ALLEN BEAUTIFUL 205 CENTURY PARKWAY ALLEN, TX 75013	75-2824633	503(C)(3)	10,000		CASH		PM 09 GRANT
KEEP ATHENS-LIMESTONE BEAUTIFUL 208 N PRAIRIEVILLE ATHENS, AL 35612	63-0736502	503(C)(3)	10,000		CASH		NESTLE RECYCLE ON TH
KEEP AUSTIN BEAUTIFUL STE 215 AUSTIN, TX 78702	74-2387541	503(C)(3)	15,000		CASH		UPS GLOBAL VOLUNTEER
KEEP BLACKSTONE VALLEY BEAUTIFUL 175 MAIN ST PAWTUCKET, RI 2860	05-0424318	503(C)(3)	11,500		CASH		NESTLE RECYCLE ON TH

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 81

3 Enter total number of other organizations . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

USE OF GRANT FUNDS

SCHEDULE I PART I LINE 2

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

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

KEEP AMERICA BEAUTIFUL, INC

Employer identification number

13-1761633

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEEP CALIFORNIA BEAUTIFUL 4252 NORTH RIVER WAY SACRAMENTO, CA 95864	68-0224415	503(C)(3)	11,000.		CASH		ARD GRANT
KEEP CALIFORNIA BEAUTIFUL 4252 NORTH RIVER WAY SACRAMENTO, CA 95864	68-0224415	503(C)(3)	10,000		CASH		WASTE MANAGEMENT GRA
KEEP CASPER BEAUTIFUL 1800 E K ST CASPER, WY 82601	83-6000049	503(C)(3)	10,000		CASH		2009 ENVIRONMENTAL G
KEEP CHARLESTON BEAUTIFUL 823 MEETING STREET CHARLESTON, SC 29403	83-6000049	503(C)(3)	10,000		CASH		NESTLE RECYCLE ON TH
KEEP CHICAGO BEAUTIFUL 25 E WASHINGTON SUITE 1104	36-3529780	503(C)(3)	7,000		CASH		SCOTTS
KEEP CHICAGO BEAUTIFUL 25 E WASHINGTON SUITE 1104	36-3529780	503(C)(3)	10,000		CASH		UPS GRANT 2009
KEEP COBB BEAUTIFUL 1897 COUNTY SERVICES PKWY	58-1659192	503(C)(3)	20,000		CASH		WM THINK GREEN GRANT
KEEP COPIAH COUNTY BEAUTIFUL 3125 PERRETT ROAD HAZLEHURST, MS 39083	61-4508833	503(C)(3)	8,000		CASH		CLPP 2009 GRANT
KEEP CORINTH BEAUTIFUL 810 TATE STREET CORINTH, MS 38834	64-0851107	503(C)(3)	10,500		CASH		CLPP 2009 GRANT
KEEP COUNCIL BLUFFS BEAUTIFUL 2700 COLLEGE RD	26-0704151	503(C)(3)	10,000		CASH		NESTLE RECYCLE ON TH
KEEP DALLAS BEAUTIFUL 2904 FLOYD STREET DALLAS, TX 75204-5910	20-0768327	503(C)(3)	6,000		CASH		SCOTTS M-G SHOWCASE
KEEP DORCHESTER COUNTY BEAUTIFUL 2120 EAST MAIN ST. DORCHESTER, SC 29437	57-6000344	503(C)(3)	10,200		CASH		CLPP 2009 GRANT
KEEP DORCHESTER COUNTY BEAUTIFUL 2120 EAST MAIN ST DORCHESTER, SC 29437	57-6000344	503(C)(3)	10,000		CASH		WASTE MANAGEMENT GRA
KEEP EVANSVILLE BEAUTIFUL 223 MAIN ST ATTN J WEST	35-1449381	503(C)(3)	10,700		CASH		AB K2008 ENVIRON GRA
KEEP GREATER MILWAUKEE BEAUTIFUL 1313 W MOUNT VERNON AVE	39-1449048	503(C)(3)	10,000		CASH		WASTE MANAGEMENT GRA

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

KEEP AMERICA BEAUTIFUL, INC

Employer identification number

13-1761633

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEEP GREATER MILWAUKEE BEAUTIFUL 1313 W MOUNT VERNON AVE	39-1449048	503(C)(3)	8,000		CASH		UPS GLOBAL VOLUNTEER
KEEP GREATER MILWAUKEE BEAUTIFUL 1313 W MOUNT VERNON AVE	39-1449048	503(C)(3)	10,000		CASH		GAC HONDA AWARD
KEEP GREENVILLE BEAUTIFUL 1500 BEATTY ST GREENVILLE, NC 27834	75-3251895	503(C)(3)	10,000.		CASH		TARGET CITY AWARD
KEEP GREENVILLE COUNTY BEAUTIFUL 301 UNIVERSITY RIDGE, STE 400	57-6000356	503(C)(3)	14,700		CASH		NESTLE RECYCLE ON TH
KEEP HILLSBOROUGH CTY BEAUTIFL P O BOX 273248 TAMPA, FL 33688	85-8012669	503(C)(3)	10,000.		CASH		NESTLE RECYCLE ON TH
KEEP HILLSBOROUGH CTY BEAUTIFL P O BOX 273248 TAMPA, FL 33688	85-8012669	503(C)(3)	10,000		CASH		WASTE MANAGEMENT GRA
KEEP HOUSTON BEAUTIFUL P O BOX 460648 HOUSTON, TX 77098	74-1946081	503(C)(3)	10,000		CASH		UPS GRANT 2009
KEEP JACKSONVILLE BEAUTIFUL TRUST FUND 1321 EASTPORT RD JACKSONVILLE, FL 32218	59-6000344	503(C)(3)	5,500.		CASH		CLPP 2009 GRANT
KEEP KANSAS CITY BEAUTIFUL 435 WESTPORT RD #23 KANSAS CITY, MO 64111	43-1610645	503(C)(3)	10,000		CASH		UPS GRANT 2009
KEEP KANSAS CITY BEAUTIFUL 435 WESTPORT RD #23 KANSAS CITY, MO 64111	43-1610645	503(C)(3)	10,000		CASH		BNSF GRANT
KEEP KNOXVILLE BEAUTIFUL, INC 100 S GAY STREET, STE 103	10-0181751	503(C)(3)	11,500		CASH		UPS GRANT 2009
KEEP LAS CRUCES BEAUTIFUL 575 S ALAMEDA P O BOX 20000	85-6000147	503(C)(3)	10,000		CASH		AB 2008 EVNIRON GRAN
KEEP LEE COUNTY BEAUTIFUL 1617 HENDRY ST #414 FT. MYERS, FL 33901	59-2977558	503(C)(3)	10,000		CASH		UPS GRANT 2009
KEEP LINCOLN & LANCASTER COUNTY BEAUTIFUL 3140 N STREET LINCOLN, NE 68510	47-6006256	503(C)(3)	10,000		CASH		2009 BNSF GRANT
KEEP LOS ANGELES BEAUTIFUL 200 N SPRING ST , ROOM 356	95-6000735	503(C)(3)	6,000		CASH		SCOTTS M-G GAC SHOWC

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

KEEP AMERICA BEAUTIFUL, INC

Employer identification number

13-1761633

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEEP LOS ANGELES BEAUTIFUL 200 N. SPRING ST , ROOM 356	95-6000735	503(C) (3)	10,000		CASH		UPS GRANT 2009
KEEP MANATEE BEAUTIFUL PO BOX 14426 BRADENTON, FL 34280	65-0250760	503(C) (3)	6,500		CASH		CLPP 2009 GRANT
KEEP MANDEVILLE BEAUTIFUL 1100 MANDEVILLE HIGH BLVD	72-6000876	503(C) (3)	10,000		CASH		NESTLE RECYCLE ON TH
KEEP MANDEVILLE BEAUTIFUL 1100 MANDEVILLE HIGH BLVD	72-6000876	503(C) (3)	10,000		CASH		UPS GRANT 2009
KEEP MARTIN BEAUTIFUL, INC 1251 SW 27TH ST PALM CITY, FL 34990	59-3342120	503(C) (3)	10,000		CASH		WM GAC SHOWCASE AWAR
KEEP MIAMI BEAUTIFUL 1290 NW 20TH ST MIAMI, FL 33142	65-0941136	503(C) (3)	7,500.		CASH		SCOTTS M-G SHOWCASE
KEEP MIAMIA GARDENS BEAUTIFUL 1050 NW 163RD DR MIAMI GARDENS, FL 33169	11-3695944	503(C) (3)	10,000		CASH		WASTE MANAGEMENT GRA
KEEP MISSISSIPPI BEAUTIFUL 665 HIGHWAY 51 SUITE D RIDGELAND, MS 39157	64-0764171	503(C) (3)	6,000		CASH		WM GAC AWARD-WAVELAN
KEEP NASSAU BEAUTIFUL 850895 - A U.S HIGHWAY 17 YULEE, FL 32907	59-3092755	503(C) (3)	10,000		CASH		2009 ENVIRONMENTAL G
KEEP NORTH CHARLESTON BEAUTIFUL 1021 ARAGON ST NORTH CHARLESTON, SC 29405	57-1107432	503(C) (3)	10,000		CASH		UPS GLOBAL VOLUNTEER
KEEP NORTHERIN ILLINOIS BEAUTIFUL 5417 N 2ND ST LOVES PARK, IL 61111	36-3650802	503(C) (3)	10,000		CASH		ANHEUER-BUSCH 2008 E
KEEP ORLANDO BEAUTIFUL 1010 SOUTH WOODS AVENUE	65-0829544	503(C) (3)	10,000		CASH		UPS GLOBAL VOLUNTEER
KEEP ORLANDO BEAUTIFUL 1010 SOUTH WOODS AVENUE	65-0829544	503(C) (3)	10,000		CASH		WASTE MANAGEMENT GRA
KEEP PALM BEACH COUNTY BEAUTIF 1920 PALM BEACH LAKES BLVD	65-0117981	503(C) (3)	17,500		CASH		2009 ENVIRONMENTAL G
KEEP PEARLAND BEAUTIFUL 2947 E BROADWAY STE 300	76-0083606	503(C) (3)	10,000		CASH		CLPP 2009 GRANT

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

KEEP AMERICA BEAUTIFUL, INC

Employer identification number

13-1761633

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEEP PHILADELPHIA BEAUTIFUL 15TH AND JFK BLVD , SUITE 200	22-2694761	503(C)(3)	8,500		CASH		2008 TARGET CITY AWA
KEEP PHOENIX BEAUTIFUL 101 SOUTH CENTRAL AVE SUITE 201	86-0456964	503(C)(3)	10,000		CASH		2009 ENVIRONMENTAL G
KEEP PHOENIX BEAUTIFUL 101 SOUTH CENTRAL AVE SUITE 201	86-0456964	503(C)(3)	10,000		CASH		BNSF GRANT
KEEP PHOENIX BEAUTIFUL 101 SOUTH CENTRAL AVE SUITE 201	86-0456964	503(C)(3)	12,000		CASH		CLPP 2009 GRANT
KEEP PLANO BEAUTIFUL PO BOX 860358 PLANO, TX 75086	75-6000640	503(C)(3)	10,000		CASH		UPS GRANT 2009
KEEP SANTA FE BEAUTIFUL 1142 SILER RD SANTA FE, NM 87507	85-0335433	503(C)(3)	10,000		CASH		NESTLE RECYCLE ON TH
KEEP SUFFOLK BEAUTIFUL 866 CAROLINE AVE SUFFOLK, VA 23434	54-6001636	503(C)(3)	10,000		CASH		WASTE MANAGEMENT GRA
KEEP THE HAWAIIAN ISLANDS BEAUTIFUL PO BOX 2610 WAILUKU, HI 96793	90-0411871	503(C)(3)	6,000		CASH		TARGET CITY AWARD
KEEP THE MIDLANDS BEAUTIFUL PO BOX 154482 IRVING, TX 75015	57-0888246	503(C)(3)	11,000		CASH		UPS GLOBAL VOLUNTEER
KEEP THE SHOALS BEAUTIFUL 20 HIGHTOWER PLACE FLORENCE, AL 35630	63-1143838	503(C)(3)	11,500		CASH		CLPP 2009 GRANT
KEEP WEST BATON ROUGE BEAUTIFUL PO BOX 757 PORT ALLEN, LA 70767	72-6001481	503(C)(3)	10,000		CASH		2009 ENVIRONMENTAL G
KEEP WINTER PARK BEAUTIFUL 401 PARK AVE SOUTH WINTER PARK, FL 32789	85-8012621	503(C)(3)	10,000		CASH		WASTE MANAGEMENT GRA

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

(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 non-cash assistance

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶**See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		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?	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in 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" to line 5a or 5b, describe in Part III			
6	For persons listed in 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?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MATTHEW MCKENNA	(i)	250,000.	60,000.	0.	35,000.	0.	345,000.	35,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GAIL CUNNINGHAM	(i)	137,265.	35,000.	0.	6,963.	27,191.	206,419.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SUSANNE WOODS	(i)	124,073.	0.	0.	5,903.	27,841.	157,817.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
REBECCA LYONS	(i)	131,717.	0.	0.	6,586.	17,799.	156,102.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

BONUSES

SCHEDULE J LINE 7

BONUSES ARE BASED ON PERFORMANCE. THE PRESIDENT RECOMMENDS THE BONUS AMOUNT FOR OFFICERS (HIS DIRECT REPORTS) AND THE COMPENSATION COMMITTEE CAN EITHER APPROVE OR REVISE THE RECOMMENDED AMOUNTS.

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

KEEP AMERICA BEAUTIFUL, INC

Employer identification number

13-1761633

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MSC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN BYRNE VICE PRESIDENT	40.00			X				150,000.	0.	0.
CARRIE GALLAGHER DIRECTOR/VICE PRESIDENT	40.00			X				92,000.	0.	9,999.
SUE SMITH EMPLOYEE	40.00					X		96,920.	0.	7,126.

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

Schedule J-2 (Form 990) 2009

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

TEXT

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

KEEP AMERICA BEAUTIFUL, INC

Employer identification number

13-1761633

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded				
10	Securities-Closely held stock				
11	Securities-Partnership, LLC, or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation contribution-Historic structures				
14	Qualified conservation contribution-Other				
15	Real estate-Residential				
16	Real estate-Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(ATCH 2)			132,908.	
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

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

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33 Also complete this part for any additional information.

ATTACHMENT 2

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
MTD SOUTHWEST	X		200.	FMV
THE SCOTTS MIRACLE GRO CO	X		52,989.	FMV
NOVELIS INC.	X		1,800.	FMV
MATT MCKENNA	X		11,600.	FMV
CHURCH & DWIGHT CO. INC.	X		4,720.	FMV
SUE SMITH	X		3,599.	FMV
MTD SOUTHWEST	X		58,000.	FMV
TOTALS			132,908.	

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
KEEP AMERICA BEAUTIFUL, INC

Employer identification number
13-1761633

ATTACHMENT 1

APPROVAL PROCESS

PART VI, 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 COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS AND EITHER APPROVED OR REVISED. THIS PROCESS WAS LAST UNDERTAKEN IN FEBRUARY 2010. AT THAT TIME, THE COMPENSATION COMMITTEE APPROVED THE RECOMMENDED SALARY INCREASES THAT THE PRESIDENT PROPOSED FOR KEY OFFICERS AND EMPLOYEES.

DISCLOSURE

PART VI LINE 19

AUDITED FINANCIAL STATEMENTS ARE PROVIDED BY THE PUBLIC AS REQUESTED AND ARE ALSO AVAILABLE VIA SPECIFIC NON-PROFIT DATABASES. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY WOULD BE AVAILABLE AS REQUESTED.

REVIEW OF 990

FORM 990 PART VI LINE 11A

THE FORM 990 WILL BE REVIEWED BY KAB'S CHIEF OPERATING OFFICER AND PRESIDENT PRIOR TO ITS FILING. BEFORE THE PRESIDENT OF KAB SIGNS THE RETURN PRIOR TO FILING, THE FORM 990 WILL BE SHARED WITH THE FULL BOARD OF DIRECTORS.

Name of the organization: KEEP AMERICA BEAUTIFUL, INC

Employer identification number: 13-1761633

ATTACHMENT 3 (CONT'D)

NEW PROGRAM SERVICES

FORM 990 PART III LINE 2

NEW PROGRAMS IN 2009 WHICH WERE SIGNIFICANT : 1) AMERICA RECYCLES DAY, 2) RECYCLEMANIA 3) CURBSIDEVALUE PARTNERSHIP 4) TRUST FOR THE NATIONAL MALL 5) BIN GRANT PROGRAM

POLICIES & PROCEDURES- AFFLIATES

FORM 990 PART VI LINE 9B

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.

DONEE ACKNOWLEDGEMENT

SCHEDULE M PART I LINE 29

KEEP AMERICA BEAUTIFUL DOES NOT ROUTINELY RECEIVE FORMS 8283 FROM ITS DONORS OF IN-KIND CONTRIBUTIONS. KAB DOES SEND A LETTER OUT TO EACH DONOR REQUESTING THE DONOR TO INFORM KAB OF THE VALUE OF THE DONATION PROVIDED. KAB RECEIVES RESPONSES BACK ON A PERIODIC BASIS; HOWEVER, NOT ALL DONORS COMPLY WITH THE REQUEST.

FORM 990 PART III LINE 2

A. AMERICA RECYCLES DAY-IS A NATIONALLY RECOGNIZED DAY AND COMMUNITY DRIVEN NATIONAL AWARENESS EVENT DEDICATED TO PROMOTING AND CELEBRATING RECYCLING IN THE UNITED STATES. SINCE ITS INCEPTION IN 1997, COMMUNITIES ACROSS THE COUNTRY HAVE PARTICIPATED IN AMERICA RECYCLES DAY ON NOVEMBER

Name of the organization: KEEP AMERICA BEAUTIFUL, INC

Employer identification number: 13-1761633

ATTACHMENT 3 (CONT'D)

15 TO PROMOTE ENVIRONMENTAL CITIZENSHIP, EDUCATE AND ENCOURAGE ACTION. THROUGH AMERICA RECYCLES DAY, KAB EMPOWERS COMMUNITIES TO EDUCATE AND DIRECTLY ENGAGE THEIR CITIZENS IN THE ACT OF RECYCLING. IN 2009, NEARLY 800 EVENT ORGANIZERS REGISTERED 2,500 EVENTS AND SERVICE PROJECTS INVOLVING MORE THAN 6,600 ORGANIZATIONS, SCHOOLS, BUSINESSES AND GOVERNMENT ENTITIES.

B. RECYCLEMANIA-IS A COMPETITION BETWEEN COLLEGES AND UNIVERSITIES ACROSS THE UNITED STATES AND CANADA THAT ENCOURAGES STUDENTS AND STAFF ALIKE TO TAKE PRIDE IN THEIR RECYCLING EFFORTS AND SHOW UP THEIR RIVAL COLLEGES IN THE PROCESS. FOR 10 WEEKS EACH SPRING, COLLEGES REPORT THEIR RECYCLING AND TRASH WEIGHTS AND ARE IN TURN INCLUDED IN A CONTINUALLY UPDATED ONLINE RANKING. BY FRAMING RECYCLING AND WASTE REDUCTION IN A COMPETITION CONTEXT, RECYCLEMANIA PROVIDES COLLEGE RECYCLING MANAGERS WITH A TOOL TO ENGAGE STUDENTS FOR WHOM ENVIRONMENTAL MESSAGES DO NOT AUTOMATICALLY RESONATE. RECYCLEMANIA IS INDEPENDENTLY OWNED AND GOVERNED BY THE RECYCLEMANIA STEERING COMMITTEE. KAB IS PROUD TO BE A SPONSOR AND PROGRAM MANAGER OF RECYCLEMANIA IN CONJUNCTION WITH THE EPA WASTEWISE PROGRAM. IN 2009, 510 PARTICIPATING COLLEGES AND UNIVERSITIES COLLECTED OVER 69.4 MILLION POUNDS OF RECYCLABLES AND COMPOSTABLE ORGANICS AS PART OF RECYCLEMANIA.

C. CURBSIDEVALUE PARTNERSHIP-ORIGINALLY FORMED IN 2003 TO HELP COMMUNITIES GROW AND SUSTAIN THEIR CURBSIDE RECYCLING PROGRAMS. IN 2009, CVP OFFICIALLY BECAME PART OF KEEP AMERICA BEAUTIFUL. ITS TWO GOALS ARE

Name of the organization: KEEP AMERICA BEAUTIFUL, INC

Employer identification number: 13-1761633

ATTACHMENT 3 (CONT'D)

TO HELP COMMUNITIES GROW PARTICIPATION IN THEIR CURBSIDE RECYCLING PROGRAMS AND TO HELP THEM MEASURE THIS GROWTH TO MAKE BETTER DECISIONS. CVP ACCOMPLISHES THESE GOALS BY PARTNERING "ONE-ON-ONE" WITH A SELECT NUMBER OF COMMUNITIES EVERY YEAR. EVERY RELATIONSHIP VARIES BASED ON THE NEEDS OF THE COMMUNITY, BUT A TYPICAL PARTNERSHIP INVOLVES PLANNING AND EXECUTION OF AN EDUCATION CAMPAIGN FOR THREE TO SIX MONTHS, MEASUREMENT OF RESULTS (PRE- AND POST-) AND THEN PROMOTION OF THOSE RESULTS AS BEST PRACTICES NATIONALLY THROUGH THE CVP WEB SITE, SEMI-ANNUAL NEWSLETTER IN BUZZ, IN MEDIA COVERAGE, AND THROUGH CONFERENCES.

D. TRUST FOR THE NATIONAL MALL-KAB WAS CONTRACTED LAST FALL BY THE TRUST FOR THE NATIONAL MALL, AN OFFICIAL FUNDRAISING PARTNER OF THE NATIONAL PARK SERVICE (NPS) TO OVERSEE THE CREATION OF A FEASIBILITY STUDY RECOMMENDING HOW RECYCLING COULD BE ESTABLISHED ON THE NATIONAL MALL IN WASHINGTON, D.C. FUNDING FOR THE PROJECT COMES FROM COCA COLA. KAB IN TURN HIRED A CONSULTING FIRM TO COMPLETE THE RESEARCH AND PREPARE THE STUDY ALONG WITH RECOMMENDATIONS, WITH KAB STAFF PROVIDING GUIDANCE AND REVIEWING THE RESULTS. THE STUDY WAS DELIVERED TO THE TRUST IN NOVEMBER. AT THIS TIME, THE TRUST IS WORKING WITH THE NPS AND COKE TO MOVE THE PROJECT INTO THE IMPLEMENTATION PHASE.

E. BIN GRANT PROGRAM-THE COCA-COLA/KAB RECYCLING BIN GRANT PROGRAM SUPPORTS LOCAL COMMUNITY RECYCLING PROGRAMS BY PROVIDING RECYCLING BINS TO SELECTED GRANT RECIPIENTS FOR THE COLLECTION OF BEVERAGE CONTAINER RECYCLABLES IN PUBLIC SETTINGS. WITH FUNDING FROM COCA COLA, KAB WILL

Name of the organization: KEEP AMERICA BEAUTIFUL, INC

Employer identification number: 13-1761633

ATTACHMENT 3 (CONT'D)

PURCHASE LARGE NUMBERS OF RECYCLING BINS AT A DISCOUNTED RATE FROM A HANDFUL OF PREFERRED VENDORS. RECIPIENTS WILL THEN BE SELECTED ON A COMPETITIVE BASIS FROM AMONG PROPOSALS SUBMITTED BY COMMUNITY GROUPS ACROSS THE UNITED STATES THROUGH AN ONLINE APPLICATION FORM. INTENDED FOR PUBLIC SPACE SETTINGS, APPROXIMATELY 75 TO 80 GRANTS WILL BE AWARDED.

ATTACHMENT 4

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

KEEP AMERICA BEAUTIFUL, INC. (THE "ORGANIZATION" OR KAB) IS A NONPROFIT ORGANIZATION WHOSE NETWORK OF LOCAL, STATEWIDE, AND INTERNATIONAL AFFILIATE PROGRAMS EDUCATE 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 RESPONSIBILTY FOR IMPROVING THEIR COMMUNITY ENVIRONMENT'S. THROUGH PARTNERSHIPS AND STRATEGIC ALLIANCES WITH CITZENS, 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.

ATTACHMENT 5

4A PROGRAM SERVICE

CIGARETTE LITTER PREVENTION PROGRAM (CLPP) - IN 2002, KEEP AMERICA

Name of the organization: KEEP AMERICA BEAUTIFUL, INC

Employer identification number: 13-1761633

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 5 (CONT'D)

BEAUTIFUL (KAB) BEGAN TO RESEARCH AND FIELD-TEST SOLUTIONS TO AN EMERGING LITTER PROBLEM FOR COMMUNITIES ACROSS THE COUNTRY, CIGARETTE BUTT LITTER. THE RESULT IS A PROGRAM WHICH IS NOW A CORNERSTONE OF THE KAB "PORTFOLIO OF PROGRAMS", THE CIGARETTE LITTER PREVENTION PROGRAM. FROM 2003 TO 2009 KAB HAS PROMOTED THE PROGRAM AND SUPPORTED ITS IMPLEMENTATION BY COMMUNITY LEADERS AROUND THE COUNTRY WITH TECHNICAL ASSISTANCE AND SEED GRANTS. THERE HAVE BEEN 575 IMPLEMENTATIONS IN 49 STATES AND THE DISTRICT OF COLUMBIA (DC) TO-DATE. IN 2009 ALONE, KAB PROMOTED AND SUPPORTED 204 CLPP IMPLEMENTATIONS WITH TECHNICAL SUPPORT AND GRANTS. THE RECIPIENTS OF 2009 GRANTS WERE LOCAL COMMUNITY-BASED NONPROFIT ORGANIZATIONS SUCH AS KAB AFFILIATE ORGANIZATIONS AND MEMBERS OF ITS NATIONAL PARTNER ORGANIZATIONS. USING THE KAB CIGARETTE LITTER SCAN METHODOLOGY, THE 2009 AVERAGE MEASURABLE RESULTS WAS A 48% REDUCTION IN CIGARETTE BUTT LITTER. SINCE ITS IMPLEMENTATION, THE PROGRAM EXPANDED FROM COMMUNITIES TO PARKS, BEACHES & RECREATION AREAS AS WELL AS REST STOPS AND VISITOR CENTERS ON HIGHWAYS AND SPECIAL EVENTS, SUCH AS STATE FAIRS. IN 2009, THE PROGRAM'S WEBSITE, WWW.PREVENTCIGARETTELITTER.ORG WAS REVISED TO INCLUDE BEST PRACTICES, NEW INFORMATION AND GUIDANCE FOR COMMUNITY LEADERS INTERESTED IN PROGRAM IMPLEMENTATION.

ATTACHMENT 6

Name of the organization: KEEP AMERICA BEAUTIFUL, INC

Employer identification number: 13-1761633

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 6 (CONT'D)

4B PROGRAM SERVICE

THE GREAT AMERICAN CLEANUP - KEEP AMERICA BEAUTIFUL'S SIGNATURE CAUSE-MARKETING PROGRAM, THE GREAT AMERICAN CLEANUP, IS THE NATION'S LARGEST ANNUAL COMMUNITY IMPROVEMENT PROGRAM. THE GREAT AMERICAN CLEANUP FOCUSES ON PROVIDING EXPERIENTIAL, HANDS-ON EDUCATION TO OUR VOLUNTEERS/PARTICIPANTS AS THEY ENGAGE IN LOCAL COMMUNITY IMPROVEMENT ACTIVITIES. IN 2009, THE GREAT AMERICAN CLEANUP MOTIVATED OVER 3 MILLION VOLUNTEERS/PARTICIPANTS TO BECOME STEWARDS OF THE ENVIRONMENT AND WORK TOGETHER FROM MARCH 1 TO MAY 31 TO MAKE NEIGHBORHOODS CLEANER, SAFER AND MORE BEAUTIFUL. THE 90-DAY PROGRAM FEATURED 30,000 CLEANUP, GREEN-UP, FIX-UP, RECYCLING AND OTHER COMMUNITY IMPROVEMENT EVENTS IN OVER 32,000 COMMUNITIES, LED BY OVER 1200 PARTICIPATING GREAT AMERICAN CLEANUP ORGANIZATIONS.

KEEP AMERICA BEAUTIFUL AND ITS NATIONAL SPONSORS ACT AS NATIONAL & LOCAL "CHANGE AGENTS" AS THEY EFFECT AND SUSTAIN IMPROVEMENTS TO A LOCAL COMMUNITY'S ENVIRONMENTS. OUR NATIONAL SPONSORS CONDUCTED MARKETING INITIATIVES UNDER OUR PROGRAM UMBRELLA WHICH LEVERAGED THEIR INVOLVEMENT. IN ADDITION TO THEIR NATIONAL SPONSORSHIP DONATIONS, OUR SPONSORS PARTICIPATED THROUGH IN-KIND DONATION OF PROGRAM TOOLS, EMPLOYEE VOLUNTEER PARTICIPATION, MEDIA CAMPAIGNS, NATIONWIDE SAMPLING, COUPONING, LOCAL GRANTS,

Name of the organization: KEEP AMERICA BEAUTIFUL, INC

Employer identification number: 13-1761633

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 6 (CONT'D)

DONATION-WITH-PURCHASE PROGRAMS AND OTHER FUND-RAISING ACTIVITIES.

THE FOLLOWING ARE SOME OF OUR IMPORTANT NATIONWIDE ACHIEVEMENTS FROM THE 2009 GREAT AMERICAN CLEANUP PROGRAM, THE NATION'S LARGEST ANNUAL COMMUNITY IMPROVEMENT PROGRAM: POUNDS OF LITTER & DEBRIS COLLECTED: 64 MILLION POUNDS; MILES OF STREETS, ROADS & HIGHWAYS CLEANED: 102,000 (EQUIVALENT TO OVER 4 TIMES AROUND THE EARTH');ACRES OF PARKS & PUBLIC LANDS CLEANED: 95,000;MILES OF HIKING, BIKING AND NATURE TRAILS CLEANED: 7,800;NUMBER OF PLAYGROUNDS & COMMUNITY RECREATION AREAS CLEANED/RESTORED/CONSTRUCTED: 3,200;MILES OF RIVERS, LAKES AND SHORELINES CLEANED: 8,800;NUMBER OF ILLEGAL DUMPSITES CLEANED: 4,750;POUNDS OF ALUMINUM AND STEEL RECYCLED: 14.5 MILLION; POUNDS OF ELECTRONICS RECYCLED: 6.9 MILLION; NUMBER OF PET BOTTLES COLLECTED FOR RECYCLING: 243 MILLION; NUMBER OF TREES PLANTED: 157,000; NUMBER OF GARDENS, XERICSCAPES AND GREEN SPACES CREATED AND IMPROVED: 6,400; GRAFFITI REMOVAL/ABATEMENT SITES: 15,600; NUMBER OF EDUCATIONAL WORKSHOPS HELD: 9,400; AND, MEDIA IMPRESSIONS: 1.25 BILLION.

ATTACHMENT 7

4C PROGRAM SERVICE

CURBSIDE VALUE PARTNERSHIP-CVP -- THE CURBSIDE VALUE PARTNERSHIP

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

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 7 (CONT'D)

WAS DEVELOPED IN 2003 BY THE ALUMINUM INDUSTRY TO COMBAT DECLINING RECYCLING RATES. (CVP BECAME A KAB PROGRAM IN 2009.) CURBSIDE RECYCLING PROGRAMS WERE SEEN BY THE INDUSTRY AS THE EASIEST WAY TO IMPACT RECYCLING RATES AS HALF OF THE U.S. POPULATION HAS ACCESS TO CURBSIDE PROGRAMS. YET OF THESE, ONLY HALF OF THOSE ELIGIBLE HOUSEHOLDS PARTICIPATE, INDICATING A SIGNIFICANT NEED FOR IMPROVEMENT.

AFTER CAREFUL STUDY AND ANALYSIS, CVP IDENTIFIED EDUCATION AS THE EASIEST FACTOR TO INFLUENCE IN A COMMUNITY AND SEVERAL PILOT PROGRAMS WERE LAUNCHED TO CONFIRM THIS FACT. EACH YEAR CVP HAND-PICKS COMMUNITIES WITH CURBSIDE PROGRAMS IN PLACE AND HELPS THEM LAUNCH, EXECUTE AND MEASURE EDUCATION CAMPAIGNS DESIGNED TO GROW AWARENESS AND INCREASE PARTICIPATION. BY DOING SO, CVP HELPS COMMUNITIES INCREASE THE RECYCLING TONNAGE THEY COLLECT, MAKING PROGRAMS MORE SUSTAINABLE. ALL CVP EFFORTS ARE GROUNDED IN MEASURABLE DATA, USING AN ONLINE DATA TOOL CALLED RE-TRAC THAT IS MADE AVAILABLE TO COMMUNITY PARTNERS. CVP ALSO TAKES BEST PRACTICES GLEANED FROM PARTNERSHIP CAMPAIGNS "ON THE ROAD" TO THE

Name of the organization: KEEP AMERICA BEAUTIFUL, INC

Employer identification number: 13-1761633

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 7 (CONT'D)

THOUSANDS OF OTHER PROGRAMS ACROSS THE COUNTRY THAT ALSO NEED HELP. THIS IS DONE BY PROMOTING LEARNINGS AND INDUSTRY TRENDS NATIONALLY AT WWW.RECYCLECURBSIDE.ORG, IN A POPULAR NEWSLETTER BIN BUZZ, THROUGH MEDIA RELATIONS WITH TOP INDUSTRY TRADE PUBLICATIONS AND AT NATIONAL, REGIONAL AND LOCAL CONFERENCES AND OTHER FORUMS. SINCE 2003, OVER 23 COMMUNITIES AND FOUR STATES HAVE BEEN ENGAGED AS PARTNERS. PARTNERS SEE AN AVERAGE INCREASE OF 18% IN PARTICIPATION AND 23% IN RECYCLING TONNAGE, DIRECT RESULTS OF CVP'S CAMPAIGNS.

ATTACHMENT 8

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HILL & KNOWLTON 607 14TH ST., SUITE 300 WASHINGTON, DC 20005	PUBLIC RELATIONS	456,243.
OGILVY PUBLIC RELATIONS WORLDWIDE PO BOX 8500-2900 PHILADELPHIA, PA 19178-3900	PUBLIC RELATIONS	199,440.
QORVIS COMMUNICATIONS, LLC 1201 CONNECTICUT AVE., NW SUITE 500 WASHINGTON, DC 20036	PROGRAM ADVISOR	229,235.
S. B. THOMPSON & ASSOCIATES, INC. 110 HOWARD ST. ASHLAND, VA 23005-1919	PROGRAM ADVISOR	231,068.
CUBITT JACOBS & PROSEK COMMUNICATIONS 3241 MAIN STREET STRATFORD, CT 06614	PROGRAM ADVISOR	117,841.

Name of the organization: KEEP AMERICA BEAUTIFUL, INC

Employer identification number: 13-1761633

ATTACHMENT 8 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TOTAL COMPENSATION		1,233,827.

ATTACHMENT 9

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
VISION DINNER	16,950.
TOTAL	16,950.

ATTACHMENT 10

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
VISION DINNER	16,950.	191,081.	-174,131.
TOTALS	16,950.	191,081.	-174,131.

ATTACHMENT 11

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV

Name of the organization: KEEP AMERICA BEAUTIFUL, INC

Employer identification number: 13-1761633

ATTACHMENT 11 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
EQUITIES	617,940.	764,468.	FMV
GOVERNMENT AGENCY FUNDS	521,980.	411,726.	FMV
MUTUAL FUNDS - BONDS	106,112.	4,191,622.	FMV
MUTUAL FUNDS - FOERIGN INDEX	123,363.	403,665.	FMV
TOTALS	1,369,395.	5,771,481.	

ATTACHMENT 12

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED INCOME	200,000.	1,000,000.
TOTALS	200,000.	1,000,000.