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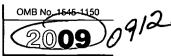
990-EZ

Department of the Treasury

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form



Open to Public

Internal Revenue Service				► The organization may ha	ive to use a copy of this r	etum to satisfy state re	porting requiren	nents			iopeodon	
A For the 2009 calend		ar year,	or tax year beginning	January 1	, 2009,	and ending	Dec	embe	r 31	, 20 09		
B Check if applicable			Please	C Name of organization				D Employer identification num				
	Address cl	hange	use IRS label or	Keen Scottsbluff-Gerin	g Beautiful			47-0636585				
=	Name cha	-	print or	Number and street (or P O	box, if mail is not deliver	ed to street address)	Room/surte	E Telep	hone n	umbe	ır	
_	Initial retur Ferminate		type See	115 Railway Street			107		30	8-63	2-4649	
=			Specific	City or town, state or coun	try, and ZiP + 4			F Grou				
=	Amended Application	return n pending	Instruc- tions.	Scottsbluff, NE 69361	•				iber	•	J11	
_			_	ations and 4947(a)(1) no	novomnt shoritoti-	turata meret attact	G Acce				Cash Accrual	
	• Seci	1011 301(0)(3)	_		•	trusts must attacn				٧	Cash Accrual	
_	a completed Schedule A (Form 990 or 990-EZ). Other (specify)										 	
	H Check ► □											
-	Vebsit			· · · · · · · · · · · · · · · · · · ·		40.474.741	<u> </u>			cnea	ule B (Form 990,	
				nly one) — 🗹 501(c) (3				Z, or 99	_ _			
	Check •			zation is not a section 509							nan \$25,000. A	
_				turn is not required, but i					ete re	turn.		
				9 to determine gross rece					<u>\$</u>			
۲	art I			enses, and Change			es (See the	Instru	ctions	s to		
	1	Contribution	ons, gif	s, grants, and similar a	amounts received.		-		_1		123412.35	
	2			evenue including gove					2		0	
	3	Membersh	up dues	and assessments.					3		0	
	4	Investmen	t incom	e					4		663.36	
	5a	Gross amo	ount fro	m sale of assets other	than inventory .	5a		0	學是			
	Ь	Less: cost	or othe	er basis and sales expe	enses	5b	Ĭ	0				
	С			n sale of assets other t			ine 5a)		5c		0	
e	6	•	•	ivities (complete applicable	• ,		,	▶ □				
Revenue	a					ntributions	3,	_				
<u>8</u>	-	reported o		. • —	· · · · · · ·	1 -	I	0				
Œ	b	•		nses other than fundra		6b						
			-				luna 6a\		を表		0	
	C			ss) from special events	•	I .	line baj		6c			
	7a			rentory, less returns ar		<u>7a</u>		0	W			
	b	Less: cost	•			<u> 7b</u>		0	CI ANTONIO		_	
n	C	-		ss) from sales of inven	tory (Subtract line 7	b from line 7a)			7c_		0	
CANNED NOV	8	Other reve	-)	8_		0	
<u> </u>	9			dd lines 1, 2, 3, 4, 5c,		<u> </u>	<u></u>	<u> </u>	9		124075.71	
Ē	10	Grants and	d sımıla	r amounts paid (attach	schedule)				10		10074.00	
ודו	11	Benefits p	aid to c	r for members					11		0	
ၯႜႍၜ	12	Salaries, o	ther co	mpensation, and empl	loyee benefits						58659.16	
Z	13	Profession	al fees	and other payments to	o independent conti	actors			13		4375.00	
, Zig	14	Occupano	y, rent,	utilities, and maintena	ities, and maintenance						12046.21	
تقيير	15	Printing, publications, postage, and shipping							15	55		
(2)	16			describe >)	16		39186.07	
~	17	Total expe	enses.	Add lines 10 through 1	16				17		124896.33	
- To	18			for the year (Subtract					18		(820.62)	
Net Assets, [] 2	19			d balances at beginn						-		
SS				reported on prior yea			–		19		(3686.14)	
¥ /	20			net assets or fund bal		nation)			20	-	0	
ž	21			d balances at end of y					21		(4506.76)	
	art II			ets. If Total assets on						nd o		
				(See the instruction	s for Part II \			ginning of			(B) End of year	
^	n ^-	anh acumen			" OCT 14 201	Ú	(A) De			00		
2		ash, savings					<u> </u>	(300)	36.14)	Ī	(4506.76)	
2		Land and buildings						0	23	0		
2		ther assets (OGDEN. (Tau-	_)	•= -		24	0	
2		otal assets			ع بالبالبار	י וייטיי	·	(368	36.14)	_	(4506.76)	
2		otal liabilitie)			26	0	
2	7 Ne	et assets oi	r fund i	palances (line 27 of co	ılumn (B) must agre	e with line 21) .	.	(368	36.14)	27	(4506.76)	

		1 age 2					
Part	Statement of Program Service Accomp	<u>.) </u>]	Expenses			
What	is the organization's primary exempt purpose?	Keep America Beautiful	(Required for section				
Desc	ribe what was achieved in carrying out the org	anization's exempt purpos	es. In a clear an	d concise		(3) and 501(c)(4)	
	er, describe the services provided, the number o program title.	,		for oth			
	<u> </u>	10.00					
28	Encourage and educate the community about litter p						
		1 1					
	(Grants \$ 58000.00) If this amount	28a	58000.00				
29	Provide adopt-a-spot mini-grants to organizations in	1 1					
	(Grants \$ 15000.00) If this amount	29a	15000.00				
	Educational projects, recycling events and storm wa		eck nere	<u>. </u>	294	13000.00	
30	Educational projects, recycling events and storm wa	ter projects.			1		
			· 	. -			
	(Grants \$ 30000.00) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a	30000.00	
31	Other program services (attach schedule)				1		
	(Grants \$ 0) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	31a	0	
32	Total program service expenses (add lines 28a t	hrough 31a)		•	32	103000.00	
Par		Employees, List each one ev	en if not compensa	ted. (See the			
		(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense	
	(a) Name and address	hours per week	(If not paid,	employee benefi	t plans &	account and	
		devoted to position	enter -0)	deferred compe	nsation	other allowances	
	y Kropuenske	Director 40 Hrs. Week		1			
3119	8th Avenue, Scottsbluff, NE 69361		45760.00	9:	398.52	0	
Clare	ence Rotherham	Chairman 3 Hrs. Week					
609	East 2nd Street, Scottsbluff, NE 69361	Chairman 3 Ars. Week	0		0	0	
Jenr	ifer Hoevet	Vice-Chair 3 Hrs. Week					
2545	Ponder Place, Gering, NE 69341		o		0	0	
	na Giebler						
		Treasurer 3 Hrs. Week				_	
	Avenue F, Scottsbluff, NE 69361		0		0	0	
	y Dickinson	Board Member 1 Hr. Week				0	
2585	Country Club Road, Gering, NE 69361		0		0		
Dave	Deines	Board Member 1 Hr. Week			i		
1085	Trail Court, Gering, NE 69341	Board Member 1 Hr. Week	0			0	
Shirl	ey Flack			_			
2430	Avenue C. Scottsbluff, NE 69361	Board Member 1 Hr. Week	o		0		
	ina Guard						
	East 8th Street, Scottsbluff, NE 69361	Board Member 1 Hr. Week	0	-	0		
					U	 	
	her Haberman,	Board Member 1 Hr. Week	_		_	_	
	Westwood Drive, Gering, NE_69341	 	0		0	0	
Bark	Jensen	Board Member 1 Hr. Week					
1914	4th Avenue, Scottsbluff, NE 69361		0		0	0	
And	rea Miller	B					
1502	2nd Avenue, Scottsbluff, NE 69361	Board Member 1 Hr. Week	o		0	0	
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rait	Other information (Note the statement requirements in the instructions for Part V.)							
•	Ded the second of the IDOO IS (Ver II) attack and the IDOO IS		Yes	No				
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓				
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓				
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.							
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section	ŀ						
a	6033(e) notice, reporting, and proxy tax requirements?	35a		✓				
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		√				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓				
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		_	_				
b	Did the organization file Form 1120-POL for this year?	37b		✓				
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? .	38a		√				
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved		1	'				
39	Section 501(c)(7) organizations. Enter							
a b	Initiation fees and capital contributions included on line 9							
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:							
	section 4911 ▶							
þ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		_					
	transaction during the year or is it 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	40b		✓				
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on							
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958							
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization							
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1				
41	List the states with which a copy of this return is filed. ▶							
42 a			2-4649					
		69361	-3180					
Þ	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	1	Yes	Nο				
		42b		<u> </u>				
	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.							
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓				
	If "Yes," enter the name of the foreign country: ▶							
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. 1	▶ □				
	and enter the amount of tax-exempt interest received or accrued during the tax year							
			Yes	No				
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		. 53	1.10				
	Form 990-EZ	44		∠ ✓				
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If							
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		✓				
	Forr	n uul)-EZ	(2000)				

Part VI

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	section 4947(a)(1) 47(a)(1) nonexempt nd 51.	nonexem charitable	pt charita trusts mu	ble trusts only. A st answer questic	II sec ons 46	tion 5–49l)		
	Did the organization engage in direct or indirect		activities or				Yes	No		
	candidates for public office? If "Yes," complete Schedule C, Part I									
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II									
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
	Did the organization make any transfers to an exempt non-charitable related organization?									
	f "Yes," was the related organization a section					49b	_	<u>√</u>		
50 (Complete this table for the organization's five hemployees) who each received more than \$100	lighest compensated	employees	(other than	officers, directors,	truste	es an	d key		
	employees) who each received more than \$100	(b) Title and average		Compensation			Expen			
	(a) Name and address of each employee paid more	hours per week	, ' '	o o mpomounom	employee benefit plans & deferred compensation	àc	count a	ınd		
None	than \$100,000	devoted to positio	<u>n </u>	-	deterred compensation	other	allowa	nces		
None										
						 				
		-								
		-1	ļ			ļ				
					1					
		-1	ŀ							
51 (Complete this table for the organization's five \$100,000 of compensation from the organization	on. If there is none, ei	nter "None."	, 	stors who each rec	eived (c) Co				
None	(a) Name and address of each independent contractor	paid more than \$100,000		(0)	ype or service	(0) 00	inpens			
	••									
				 						
				1						
				 						
		·		7						
				<u>]</u>						
		-		<u> </u>						
d ·	Total number of other independent contractors	each receiving over S	\$100,000	. ▶	0					
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ned this return, including acording of preparer (other than of	companying seficer) is based	chedules and s	tatements, and to the be	st of my any kno	knowl	edge e		
Sign Here	Signature of officer Kathy Kropuenske, Director									
	Type or print name and title	1,	Date	Check if	Preparer's identifying nu	mber (Se	e insta	ctionsl		
Paid	Preparer's signature		Jailt	self- employed ► [oci ioc				
Prepare	Firm's name (or		L] -IN: ▶					
Use Onl	only yours if self-employed), address, and ZIP + 4 Phone no ▶									
May the	e IRS discuss this return with the preparer show	vn above? See instru	ctions			Yes	\Box	No		
								(2009)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service

Name of the organization

Employer identification number

Kee	p S	cottsbluff-Ge	ering Beautiful				_		47	(0636585	
Pa	t I	Reason	for Public Cl	narity Status (All or	ganizatı	ons mus	t compl	ete this	part.) Se	e instru	ctions.	
The	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 des	scribed in secti	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)						
3		A hospital or	a cooperative	hospital service organ	nization d	escribed	ın sectio	n 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, st	ate, or local gov	vernment or governme	ental unit	describe	d in sect	ion 170(b)(1)(A)(v).		
7		An organizat	ion that normall	y receives a substantii (1)(A)(vi). (Complete F	al part of						the general p	oublic
8				d in section 170(b)(1)		Complete	Part II.)					
9		An organizat	ion that normall n activities relat	y receives (1) more the ed to its exempt func- nent income and unre	an 33⅓ % tions—su	6 of its su ibject to	pport fro certain e	xceptions	s, and (2)	no more	than 331/3 %	of its
			_	n after June 30, 1975.						i o i i tux	, irom basin	00000
10	\Box	, ,	•	and operated exclusive					-	(2)(4)		
11	П	-	-	and operated exclusive			-				or to carry o	ut the
••		purposes of	one or more pu	iblicly supported organiated describes the type	nizations	describe	d in sect	ion 509(a)(1) or se	ction 509	(a)(2). See se	
		a Type		_		oe III–Fun			-		Type III-O	ther
е		• • •		tify that the organizat								
		persons other		on managers and othe				•	•	•	•	
f				a written determinati	on from	the IRS	that it is	a Type	!, Type II	, or Type	III supporti	ng _
		•	, check this box									L
g				the organization acce	epted any	gift or c	ontribution	on from a	any of the	•		
		following per									Yes	No
				r indirectly controls, e rning body of the supp				tn persor	is descri	bea in (ii)	11g(i)	1
			_	· ·		_		•	•		11g(ii)	1
				erson described in (i) a of a person described							11g(iii)	
h			•	ation about the suppo	.,	` '				•	[a//]	
	Name	of supported	(ii) EIN	(iii) Type of organization		organization	-	ou notify	(vi)	ls the	(vii) Amoun	t of
.,		anization	• •	(described on lines 1-9	in col (i) li	sted in your	the orga	nization in	organizat	tion in col	support	
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the S?		
				, "	Yes	No	Yes	No	Yes	No		
							ļ	<u> </u>				
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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 Gifts, grants, contributions, and membership fees received. (Do not 0 0 94282.55 121020.56 103000.00 318303.11 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf The value of services or facilities furnished by a governmental unit to the 0 0 0 organization without charge 94282.55 121020.56 103000.00 318303.11 Total. Add lines 1 through 3 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) 318303.11 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 Calendar year (or fiscal year beginning in) (e) 2009 (f) Total 94282.55 121020.56 103000.00 318303.11 0 0 Amounts from line 4 . Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar 0 0 1470.37 1012.26 663.36 3146.09 Net income from unrelated business activities, whether or not the business is 0 0 0 0 0 0 regularly carried on Other income. Do not include gain or loss from the sale of capital assets 0 0 0 0 0 0 (Explain in Part IV.) 321449.20 Total support. Add lines 7 through 10 . 11 0 12 12 Gross receipts from related activities, etc. (see instructions) 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) 13 Z organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) <u>%</u> 14 14 15 Public support percentage from 2008 Schedule A. Part II. line 14 15 % 16a 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 331/4 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/4 % 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 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

<u>Adopt-A-Spot Mini-Grant Program 2009 - Cleanup Grants</u>

	Parks		
4 L's 4 H	Northwood Park	\$	225.00
PO Box 236, Scottsbluff, NE 69361			
23 Club Traveling Team	21 Club Park	\$	225.00
Brandi McCaslin, Scottsbluff, NE 6936			
Fairview 50 4-H	Frank Park	\$	225.00
100407 CR 32, Minatare, NE 69356		•	
Phi Theta Kappa	Centennial Park	\$	225.00
WNCC, Scottsbluff, NE 69361		•	
Riverside Zoo AAZK	Riverside Park	\$	225.00
1600 S. Beltline, Hwy. W, Scottsbluff, 1		Ψ	225.00
Scotts Bluff Cosmopolitans		¢	317.00
2414 Avenue G, Scottsbluff, NE 69361		Ψ	317.00
Scottsbluff Student Nurses Association		¢	225.00
Nursing College, Scottsbluff, NE 6936		Ф	223.00
		¢	317.00
Serenity Garden Club 102 W 35 th Street, Scottsbluff, NE 6936	Pathway by YMCA	Ф	317.00
		4	225.00
St. Theresa's Youth Group	Terry's Lake	Þ	225.00
St. Theresa's Church, Mitchell, NE 693		•	225.00
United Methodist Men	Monument Pathways	>	225.00
United Methodist Church, Scottsbluff, N			
	Highway Spots		
CERT	Hwy. 26 Kmart to Comfort Inn	\$	680.00
115 Railway Street, Scottsbluff, NE 69			
First Christian Church Youth Group	7 th Street	\$	680.00
2102 Avenue A, Scottsbluff, NE 69361			
Gering Baseball	Beltline & 21st Street South to U Street	\$	-560:00 ⁻
2130 O Street, Scottsbluff, NE 69361			
Kiwanis Club of Gering	Hwy. 71 Country Club to M Street	\$	560.00
2201 Avenue N, Scottsbluff, NE 69361			
Lakota Lutheran Center	42 nd Street - Hwy. 71 - 5 th Avenue	\$	560.00
1914 4th Avenue, Scottsbluff, NE 6936			
-Minatare High School Cheerleaders		\$	560:00
Minatare High School, Minatare, NE 6			
MOPS	Hwy. 26 Wal-Mart West Stop Light	\$	560.00
4124 Avenue I, Scottsbluff, NE 69361		•	
Platte Valley Dirt Riders	S. Beltline from the YMCA to 9 th St.	\$	560.00
100407 CR 32, Minatare, NE 69356	5. Bolume nom die 1111e/11 to 7 St.	Ψ	300.00
Potter's Wheel Program	Hwy. 71 Country Club Rd - Beltline	¢	560.00
1201 Avenue C, Scottsbluff, NE 69361	-	Ψ	500.00
Project Extra Mile		¢	560.00
•	Country Club Road	Ф	300.00
115 Railway Street, Scottsbluff, NE 69		•	560.00
Sheep Creek Beef 4-H Club	Airport Road	Ф	560.00
NRD, Scottsbluff, NE 69361	M. Carras Carrat	ተ	(00.00
Wagon Wheel Sam's	M Street South	2	680.00
PO Box 933, Scottsbluff, NE 69361		~	560.00
WNCC Upward Bound	Hwy. 26 Kmart to Wonderful House	\$	560.00
1601 E 27 th Street, Scottsbluff, NE 693	61		

Total Mini-Grant's \$10,074.00