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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning _____, and ending _____											
B Check if applicable: Address change Name change Initial return Termination Amended return Application pending	<table border="1"> <tr> <td rowspan="3">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2">C Name of organization KEEP NORTH CAROLINA CLEAN & BEAUTIFUL DBA NC BEAUTIFUL</td> <td>D Employer identification number 56-0932528</td> </tr> <tr> <td>Number and street (or P O box, if mail is not delivered to street address) P O BOX 10155</td> <td>Room/suite</td> <td>E Telephone number 919-828-3190</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 RALEIGH NC 27605-0155</td> <td>F Group Exemption Number ▶</td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization KEEP NORTH CAROLINA CLEAN & BEAUTIFUL DBA NC BEAUTIFUL		D Employer identification number 56-0932528	Number and street (or P O box, if mail is not delivered to street address) P O BOX 10155	Room/suite	E Telephone number 919-828-3190	City or town, state or country, and ZIP + 4 RALEIGH NC 27605-0155		F Group Exemption Number ▶
Please use IRS label or print or type. See Specific Instructions.	C Name of organization KEEP NORTH CAROLINA CLEAN & BEAUTIFUL DBA NC BEAUTIFUL		D Employer identification number 56-0932528								
	Number and street (or P O box, if mail is not delivered to street address) P O BOX 10155		Room/suite	E Telephone number 919-828-3190							
	City or town, state or country, and ZIP + 4 RALEIGH NC 27605-0155		F Group Exemption Number ▶								

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ WWW.NCBEAUTIFUL.ORG	H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check <input checked="" type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.	

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **288,160**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	84,165
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	222
	5a Gross amount from sale of assets other than inventory	5a	72,578
	b Less cost or other basis and sales expenses	5b	106,299
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-33,721
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	131,195
b Less direct expenses other than fundraising expenses	6b	95,308	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	35,887	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	86,553	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	59,344
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	112,105
	13 Professional fees and other payments to independent contractors	13	14,846
	14 Occupancy, rent, utilities, and maintenance	14	2,853
	15 Printing, publications, postage, and shipping	15	601
	16 Other expenses (describe ▶ SEE STATEMENT 3)	16	9,798
	17 Total expenses. Add lines 10 through 16	17	199,547
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-112,994
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	117,598
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	4,604

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	115,700	17,436
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 4)	39,466	10,694
25 Total assets	155,166	28,130
26 Total liabilities (describe ▶ SEE STATEMENT 5)	37,568	23,526
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	117,598	4,604

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

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

SEE STATEMENT

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 SEE STATEMENT

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

(Grants \$ **29,345**) If this amount includes foreign grants, check here

28a

29,629

29 SEE STATEMENT

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

29,629

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
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		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr 37a		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
b 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		X
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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		X
41 List the states with which a copy of this return is filed 41 NC		
42a The organization's books are in care of 42a AIMEE ZEHREN Telephone no 42a 919-828-3190 P O BOX 10155 Located at 42a RALEIGH, NC ZIP + 4 42a 27605-0155		
b 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)? 42b		X
If "Yes," enter the name of the foreign country 42b 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 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
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		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

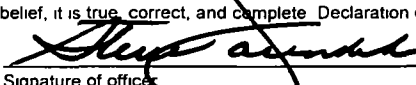
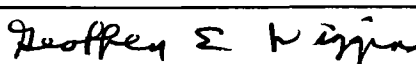
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	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.			
	 Signature of officer STEVE VACENDAK Type or print name and title		Date 6/14/10 DIRECTOR	
Paid Preparer's Use Only	Preparer's signature 	Date 06/08/10	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identification Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	ROMEO, WIGGINS & COMPANY, LLP 110 IOWA LN STE 104 CARY, NC 27511		EIN 56-1627242
				Phone no 919-467-2050

May the IRS discuss this return with the preparer shown above? See instructions ▶ **X** Yes ☐ No

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 KEEP NORTH CAROLINA CLEAN & BEAUTIF DBA NC BEAUTIFUL	Employer identification number 56-0932528
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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?

(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?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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.")	187,018	91,890	81,409	31,381	84,165	475,863
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	187,018	91,890	81,409	31,381	84,165	475,863
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)						
6 Public support. Subtract line 5 from line 4						475,863

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	187,018	91,890	81,409	31,381	84,165	475,863
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,294	10,950	9,064	4,195	222	42,725
9 Net income from unrelated business activities, whether or not the business is regularly carried on				33,543	35,887	69,430
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	366		103			469
11 Total support. Add lines 7 through 10						588,487
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	80.86 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	89.93 %
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 ► <input checked="" type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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	%

19a 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 explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME	\$	469
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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	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF TOURNAMENT</u>		<u>NONE</u>	(add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	131,195			131,195
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	131,195			131,195
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	30,000			30,000
	6 Rent/facility costs	45,101			45,101
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	20,207			20,207
	10 Direct expense summary Add lines 4 through 9 in column (d)				95,308
	11 Net income summary Combine line 3, column (d), and line 10				35,887

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	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> 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					

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?

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

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?

	Yes	No
9a		X
10a		X
11		X
12		X

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility
- b** An outside facility

13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► **AIMEE ZEHREN**
P O BOX 10155
 Address ► **RALEIGH**

NC 27605-0155

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

X

- 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?
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

17a

X

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172

2009Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return **KEEP NORTH CAROLINA CLEAN & BEAUTIFUL**
DBA NC BEAUTIFUL

Identifying number
56-0932528

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	98

Part III MACRS Depreciation (Do not include listed property) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	955
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	1,053
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

56-0932528

Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

Description		Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
How Received	Whom Sold						
FT MUTUAL BEACON A @66.646 DONATION		9/05/08	2/25/09	\$ 529	\$ 854	\$	\$ -325
FT MUTUAL GLOBAL DISCOVERY @.029 DONATION		1/01/09	11/23/09	1	2		-1
FT MUTUAL QUEST @ 10.922 DONATION		9/05/08	7/14/09	167	212		-45
FT FRANKLIN CAPITAL @ 11.983 DONATION		12/01/08	2/24/09	83	85		-2
FT FRANKLIN INCOME @ 148.615 DONATION		12/01/08	11/23/09	300	250		50
FT-FRANKLIN LARGE CAP @ 6.759 DONATION		12/15/08	1/07/09	62	59		3
FT MUTUAL BEACON A @ 667.307 DONATION		VARIOUS	2/25/09	5,300	11,253		-5,953
FT MUTUAL BEACON A @ 651.138 DONATION		VARIOUS	1/07/09	6,000	10,879		-4,879
FT MUTUAL GLOBAL DISCOVERY A @ 94.30 DONATION		VARIOUS	11/23/09	2,511	2,780		-269
FT MUTUAL GLOBAL DISCOVERY A @ 461.6 DONATION		VARIOUS	7/14/09	11,000	11,740		-740
FT MUTUAL QUEST A @ 791.56 DONATION		VARIOUS	7/14/09	11,997	18,338		-6,341
FT MUTUAL QUEST A @ 685.291 DONATION		VARIOUS	1/07/09	10,000	14,771		-4,771
FT FRANKLIN CAPITAL A @ 940.082 DONATION		VARIOUS	2/24/09	6,510	10,211		-3,701
FT FRANKLIN CAPITAL A @ 378.972 DONATION		VARIOUS	1/07/09	3,000	3,969		-969
FT FRANKLIN FLEX CAP A @ 233.068 DONATION		VARIOUS	2/24/09	6,581	9,289		-2,708
FT FRANKLIN FLEX CAP A @ 36.137 DONATION		VARIOUS	1/07/09	3,000	3,555		-555
FT FRANKLIN INCOME A @ 1336.943 DONATION		VARIOUS	11/23/09	2,696	3,287		-591

56-0932528

Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities (continued)

Description		Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
How Received	Whom Sold						
FT FRANKLIN LARGE CAP A @ 311.421 DONATION		VARIOUS	1/07/09	\$ 2,841	\$ 4,765	\$	\$ -1,924
TOTAL				\$ 72,578	\$ 106,299	\$ 0	\$ -33,721

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations

Name and Address		Class of Activity	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
Date of Gift	Description of Property						
MOUNT AIRY MIDDLE SCHOOL 249 HAMBURG STREET MT AIRY, NC 27030	GRANT		6,099				
WOODLEAF ELEMENTARY SCHOOL 9055 SCHOOL STREET WOODLEAF, NC 27054	GRANT		7,705				
ARCHDALE-TRINITY MIDDLE SCHOOL 5105 ARCHDALE ROAD TRINITY, NC 27370	GRANT		5,362				

56-0932528

Federal Statements

FYE: 12/31/2009

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations (continued)

<u>Name and Address</u>	<u>Date of Gift</u>	<u>Description of Property</u>	<u>Class of Activity</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>	<u>Book Value</u>	<u>Book Value Explanation</u>	<u>FMV Explanation</u>
FARMER ELEMENTARY SCHOOL		GRANT		8,737				
3556 GRANGE HALL ROAD								
ASHEBORO, NC 27205								
TOTAL				<u>27,903</u>				

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
TRAVEL	1,028
	186
	1,023
SUPPLIES	665
TELEPHONE	5,184
BANK SERVICE CHARGES	445
DUES	424
RECORD STORAGE	531
COMPUTER/DATA SERVICES	312
TOTAL	\$ 9,798

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
PLEDGES RECEIVABLE	\$ 36,300	\$ 8,800
	8,122	8,122
LESS ACCUMULATED DEPRECIATION	5,175	6,228
REFUND RECEIVABLE-FUTA TAX	219	
	39,466	10,694

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 24	\$ 11,425
DEFERRED REVENUE	33,800	8,800
PAYROLL LIABILITIES	3,744	3,301
	37,568	23,526

Federal Statements

Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

FOSTERING ENVIRONMENTAL STEWARDSHIP THROUGH EDUCATION AND OUTREACH TO PERPETUATE THE NATURAL BEAUTY OF NORTH CAROLINA.

Statement 7 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

WINDOWS OF OPPORTUNITY: AN ACADEMIC PROGRAM FROM K-12

PROVIDES GRANTS TO NC TEACHERS TO REWARD THEIR CREATIVITY FOSTERING ENVIRONMENTAL STEWARDSHIP, LEADERSHIP, AND AWARENESS AND INITIATING A SENSE OF COMMUNITY SERVICE.

Statement 8 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

Description

THE GOVERNOR & MRS. DAN K. MOORE ENDOWMENT FOR GRADUATE RESEARCH

THIS FUNDING HELPS GRADUATE STUDENTS ACROSS NORTH CAROLINA AS THEY SEARCH FOR CAUSES AND POTENTIAL SOLUTIONS TO REAL-WORLD ENVIRONMENTAL CHALLENGES FACING OUR STATE AND PREPARES THEM FOR THE CRITICAL ROLE THEY'LL PLAY IN PROTECTING OUR STATE'S FUTURE ENVIRONMENTAL QUALITY.

Form **8868**

(Rev. April 2009)

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)**A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization KEEP NORTH CAROLINA CLEAN & BEAUTIFUL DBA NC BEAUTIFUL	Employer identification number 56-0932528
	Number, street, and room or suite no. If a P O box, see instructions P O BOX 10155	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions RALEIGH NC 27605-0155	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **KATE ROKES**

Telephone No ► **919-828-3190**FAX No ► **919-828-3028**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ► ☒ calendar year **2009** or
 ► ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 4-2009)