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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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) | Room/suite
1010 WASHINGTON BLVD

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 $ 20,995,285

F Name and address of principal officer
MATTHEW MCKENNA
1010 WASHINGTON BLVD
STAMFORD, CT 06901

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW KAB ORG

K Form of organization ☑ 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)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	31
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,694,529	8,712,321
9	Program service revenue (Part VIII, line 2g)	629,018	534,545
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	79,672	109,396
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-101,908	-172,224
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,301,311	9,184,038
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	798,600	757,965
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)	1,936,882	2,294,762
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶426,186		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	5,279,778	6,066,453
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,015,260	9,119,180
19	Revenue less expenses Subtract line 18 from line 12	2,286,051	64,858

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	9,430,383	9,903,266
21	Total liabilities (Part X, line 26)	1,777,180	1,746,325
22	Net assets or fund balances Subtract line 21 from line 20	7,653,203	8,156,941

Net Assets or Fund Balances

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

****** | 2011-06-18
Signature of officer | Date

MATTHEW MCKENNA
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
BERNADETTE H SCHOPFER	BERNADETTE H SCHOPFER			

Firm's name ▶ MAIER MARKEY & JUSTIC LLP — Firm's EIN ▶

Firm's address ▶ 222 BLOOMINGDALE ROAD STE 400
WHITE PLAINS, NY 10605 — Phone no ▶ (914) 644-9200

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the 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 ENVIRONMENTS THROUGH PARTNERSHIPS AND STRATEGIC ALLIANCES WITH CITIZENS, BUSINESSES, AND GOVERNMENT, KAB PROGRAMS INVOLVE MILLIONS OF VOLUNTEERS ANNUALLY TO CLEAN UP, BEAUTIFY, AND IMPROVE THEIR NEIGHBORHOODS, THEREBY CREATING HEALTHIER, SAFER, AND MORE LIVABLE COMMUNITY ENVIRONMENTS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☑ **Yes** ☐ **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** ☑ **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 $ 518,019 including grants of $ 281,308) (Revenue $ 200,000)

CIGARETTE LITTER PREVENTION PROGRAM (CLPP) - IN 2002, KEEP AMERICA 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 2010 KAB HAS PROMOTED THE PROGRAM AND SUPPORTED ITS IMPLEMENTATION BY COMMUNITY LEADERS AROUND THE COUNTRY WITH TECHNICAL ASSISTANCE AND SEED GRANTS THERE HAVE BEEN OVER 800 IMPLEMENTATIONS IN 49 STATES AND THE DISTRICT OF COLUMBIA (DC) TO-DATE IN 2010 ALONE, KAB PROMOTED AND SUPPORTED 239 CLPP IMPLEMENTATIONS WITH TECHNICAL SUPPORT AND GRANTS THE RECIPIENTS OF 2010 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 2010 AVERAGE MEASURABLE RESULT WAS A 44% REDUCTION IN CIGARETTE BUTT LITTER SINCE ITS IMPLEMENTATION, THE PROGRAM HAS 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 2010, THE PROGRAM'S WEBSITE, WWW PREVENTCIGARETTELITTER ORG WAS UPDATED TO INCLUDE BEST PRACTICES, NEW INFORMATION AND GUIDANCE FOR COMMUNITY LEADERS INTERESTED IN PROGRAM IMPLEMENTATION

4b (Code) (Expenses $ 1,464,396 including grants of $ 339,846) (Revenue $ 2,835,008)

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 2010 THE GREAT AMERICAN CLEANUP MOTIVATED OVER 3 9 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 33,700 COMMUNITIES, LED BY OVER 1,200 GREAT AMERICAN CLEANUP AFFILIATES AND PARTICIPATING 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, DONATION-WITH-PURCHASE PROGRAMS AND OTHER FUND-RAISING ACTIVITIES THE FOLLOWING ARE SOME OF OUR IMPORTANT NATIONWIDE ACHIEVEMENTS FROM THE 2010 GREAT AMERICAN CLEANUP PROGRAM, THE NATION'S LARGEST ANNUAL COMMUNITY IMPROVEMENT PROGRAM POUNDS OF LITTER & DEBRIS COLLECTED 76 MILLION POUNDS, MILES OF STREETS, ROADS & HIGHWAYS CLEANED 124,000 (EQUIVALENT TO ALMOST 5 TIMES AROUND THE EARTH!),ACRES OF PARKS & PUBLIC LANDS CLEANED 71,OOO,MILES OF HIKING, BIKING AND NATURE TRAILS CLEANED 3,4OO,NUMBER OF PLAYGROUNDS & COMMUNITY RECREATION AREAS CLEANED/RESTORED/CONSTRUCTED 3,000,MILES OF RIVERS, LAKES AND SHORELINES CLEANED 6,800,NUMBER OF ILLEGAL DUMPSITES CLEANED 6,500,POUNDS OF ALUMINUM AND STEEL RECYCLED 15 3 MILLION, POUNDS OF ELECTRONICS RECYCLED 7 2 MILLION, NUMBER OF PET BOTTLES COLLECTED FOR RECYCLING 266 MILLION, NUMBER OF TREES PLANTED 160,000, NUMBER OF GARDENS, XERICSCAPES AND GREEN SPACE AREAS CREATED 5,600, GRAFFITI REMOVAL/SITES ABATED 10,600, NUMBER OF EDUCATIONAL WORKSHOPS HELD 7,800, AND, MEDIA IMPRESSIONS 2 7 BILLION

4c (Code) (Expenses $ 1,077,388 including grants of $ 0) (Revenue $ 906,800)

CURBSIDE VALUE PARTNERSHIP-CVP - To date, CVP has launched and measured programs in 27 communities and four states Additionally, hundreds of other communities have benefited from the best practices shared online and through a semi-annual newsletter Bin Buzz Success varies greatly among partners However, CVP averages show its partner communities have seen an increase of 23 percent in recycling volume and a 18 percent increase in participation (i e , new bins on the street) CVP takes on approximately five "one-on-one" communities (cities, counties and/or states are all eligible) per year, so there is a waiting list and criteria that must be met Preference is given to larger communities A community must also be able to track and measure data on recycling at the curb (preferably monthly)

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 4,247,714 including grants of $ 136,811) (Revenue $)

4e **Total program service expenses** ▶ $ 7,307,517

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Parts I and IV*	14b		No
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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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 (see instructions)*	17		No
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		No

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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**		
25a	**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**		No
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**		No
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**		No
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☑ No			
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**		No
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**		No
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**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	62		
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 Yes	
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	31		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	No
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	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			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	No
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 Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8	**Sponsoring organizations maintaining donor advised funds 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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		9		No

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	Yes	
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		No
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe 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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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 Form 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 See Additional Data Table

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) THOMAS C BRASCO TREASURER/DIRECTOR	1 0	X		X				0	0	0
(2) JOHN W BURGRESS DIRECTOR	1 0	X						0	0	0
(3) BARRY H CALDWELL CHAIRMAN	1 0	X		X				0	0	0
(4) TERRI CARDWELL DIRECTOR	1 0	X						0	0	0
(5) RICHARD HOFMANN DIRECTOR	1 0	X						0	0	0
(6) L RICHARD CRAWFORD DIRECTOR	1 0	X						0	0	0
(7) CAROLYN CRAYTON DIRECTOR	1 0	X						0	0	0
(8) PASCAL A FERNANDEZ DIRECTOR	1 0	X						0	0	0
(9) TIMOTHY J GARDNER DIRECTOR	1 0	X						0	0	0
(10) WILLIAM HEENAN JR DIRECTOR	1 0	X						0	0	0
(11) KIM JEFFERY DIRECTOR	1 0	X						0	0	0
(12) PAULA DAVIS DIRECTOR	1 0	X						0	0	0
(13) JIM KING DIRECTOR	1 0	X						0	0	0
(14) BILL MORRISSEY DIRECTOR	1 0	X						0	0	0
(15) ANDY PHAROAH DIRECTOR	1 0	X						0	0	0
(16) JANE POLSON DIRECTOR	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) JOHN E ROSENOW DIRECTOR	1 0	X						0	0	0
(18) HARVEY SASS DIRECTOR	1 0	X						0	0	0
(19) JILL SCANDRIDGE DIRECTOR	1 0	X						0	0	0
(20) THOMAS H TAMONEY JR DIRECTOR/SECRETARY	1 0	X		X				0	0	0
(21) HOWARD UNGERLEIDER DIRECTOR	1 0	X						0	0	0
(22) MATTHEW M MCKENNA PRESIDENT & CEO	40 0			X				326,875	0	43,692
(23) GAIL CUNNINGHAM SR VP	40 0			X				178,213	0	34,628
(24) SUSANNE WOODS SR VP, ENVIRONMENTAL PROGRAMIN	40 0			X				131,420	0	35,429
(25) ROBERT WALLACE VP, COMMUNICATIONS	40 0			X				111,347	0	24,126
(26) EDMUND SKERNOLIS OFFICER	40 0			X				128,272	0	20,297
(27) JOHN BYRNE VICE PRESIDENT	40 0			X				189,125	0	432
(28) CARRIE GALLAGHER DIRECTOR/VICE PRESIDENT	40 0			X				97,220	0	11,923
(29) REBECCA LYONS CHIEF OPERATING OFFICER	40 0			X				148,134	0	26,649
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								1,310,606	0	197,176

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 ▶ 7

		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**		No
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**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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
CUBITT JACOBS PROSEK 1552 POST ROAD FAIRFIELD, CT 06824	PROGRAM ADVISOR	123,175
HILL KNOWLTON 607 14TH STREET SUITE 300 WASHINGTON, DC 20005	PUBLIC RELATIONS	994,869
SB THOMPSON ASSOCIATES INC 110 HOWARD STREET ASHLAND, VA 230051919	PROGRAM ADVISOR	256,948

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 ▶ 3

Part VIII Statement of Revenue

			(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	404,000				
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	8,308,321				
	g Noncash contributions included in lines 1a-1f $	370,603				
	h **Total.** Add lines 1a-1f ▶		8,712,321			
Program Service Revenue		Business Code				
	2a CERTIFICATION FEES		42,100	42,100		
	b PROGRAM SERVICE FEES		108,600	108,600		
	c PROGRAM ADMINISTRATIVE FEES		63,450	63,450		
	d PUBLICATION SALES		13,599	13,599		
	e NATIONAL AND OTHER CONFERENCES		306,796	306,796		
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶		534,545			
	3 Investment income (including dividends, interest and other similar amounts) ▶		181,020			181,020
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties ▶		17,539			17,539
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	11,512,741				
	b Less cost or other basis and sales expenses	11,584,365				
	c Gain or (loss)	-71,624				
	d Net gain or (loss) ▶		-71,624			
Other Revenue	8a Gross income from fundraising events (not including $ 404,000 of contributions reported on line 1c) See Part IV, line 18 a	23,700				
	b Less direct expenses b	226,882				
	c Net income or (loss) from fundraising events ▶		-203,182			
	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	900099	13,419	13,419		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶		13,419			
	12 **Total revenue.** See Instructions ▶		9,184,038	547,964		198,559

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	757,965	757,965		
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	1,507,782	724,882	551,631	231,269
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	474,255	294,080	133,986	46,189
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	71,570	23,368	39,975	8,227
9 Other employee benefits	108,340	27,115	64,346	16,879
10 Payroll taxes	132,815	52,204	59,936	20,675
a Fees for services (non-employees) Management	0			
b Legal	36,650		36,650	
c Accounting	62,550		62,550	
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	188,292	133,533	31,655	23,104
14 Information technology	38,996	16,119	20,061	2,816
15 Royalties	0			
16 Occupancy	296,704	214,569	50,315	31,820
17 Travel	168,816	61,438	84,254	23,124
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	266,035	210,430	51,755	3,850
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	28,604		28,604	
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a SPECIAL PROJECTS	4,294,164	4,279,163	15,001	
b IN-KIND EXPENSES	370,603	362,140		8,463
c CONSULTANTS	109,280	37,734	68,851	2,695
d COMMUNICATIONS	62,960	62,210		750
e MISCELLANEOUS	105,846	23,006	81,573	1,267
f All other expenses	36,953	27,561	4,334	5,058
25 **Total functional expenses.** Add lines 1 through 24f	9,119,180	7,307,517	1,385,477	426,186
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		621,179	1	646,824
	2	Savings and temporary cash investments		2,290,079	2	818,174
	3	Pledges and grants receivable, net		482,609	3	604,097
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		166,070	9	168,754
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 244,167			
	b	Less accumulated depreciation	10b 144,314	98,965	10c	99,853
	11	Investments—publicly traded securities		5,771,481	11	7,565,564
	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)		9,430,383	16	9,903,266
Liabilities	17	Accounts payable and accrued expenses		742,180	17	961,325
	18	Grants payable			18	
	19	Deferred revenue		1,000,000	19	750,000
	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		1,777,180	26	1,746,325
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,268,553	27	3,420,637
	28	Temporarily restricted net assets		4,384,650	28	4,736,304
	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		7,653,203	33	8,156,941
	34	Total liabilities and net assets/fund balances		9,430,383	34	9,903,266

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	9,184,038
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,119,180
3	Revenue less expenses Subtract line 2 from line 1	3	64,858
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	7,653,203
5	Other changes in net assets or fund balances (explain in Schedule O)	5	438,880
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	8,156,941

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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		No
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		

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SCHEDULE A (Form 990 or 990EZ)

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

2010

Open to Public Inspection

Name of the organization
KEEP AMERICA BEAUTIFUL INC

Employer identification number
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 the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,662,259	6,749,819	6,663,115	8,414,628	9,246,866	37,736,687
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	6,662,259	6,749,819	6,663,115	8,414,628	9,246,866	37,736,687
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)						15,554,413
6 **Public Support.** Subtract line 5 from line 4						22,182,274

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	6,662,259	6,749,819	6,663,115	8,414,628	9,246,866	37,736,687
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	234,962	336,593	135,199	165,070	198,559	1,070,383
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)	840,700	30,000	51,450	103,970	23,700	1,049,820
11 **Total support** (Add lines 7 through 10)						39,856,890

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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	**14**	55 655 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	**15**	54 850 %

16a **33 1/3% support test—2010.** 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 ▶☑

b **33 1/3% support test—2009.** If the organization did not check the 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—2010.** 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—2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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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

2010

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 may 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)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 taxable 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 accession 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 solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV 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 XIV

Part V Endowment Funds. Complete if the 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	2,066,584	1,679,766	2,071,767		
b Contributions					
c Investment earnings or losses	172,475	400,274	-377,325		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	18,598	13,456	14,676		
g End of year balance	2,220,461	2,066,584	1,679,766		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIV the intended uses of the 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		244,167	144,314	98,853
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				98,853

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should 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) should 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) should 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	0
DEFERRED COMPENSATION	35,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	35,000

2. Fin 48 (ASC 740) 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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,184,038
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,119,180
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	64,858
4	Net unrealized gains (losses) on investments	4	188,880
5	Donated services and use of facilities	5	62,700
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	250,000
9	Total adjustments (net) Add lines 4 - 8	9	501,580
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	566,438

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	9,685,618
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	188,880		
b	Donated services and use of facilities	2b	62,700		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	250,000		
e	Add lines **2a** through **2d**			2e	501,580
3	Subtract line **2e** from line **1**			3	9,184,038
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			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	9,184,038

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

1	Total expenses and losses per audited financial statements			1	9,181,880
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	62,700		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	62,700
3	Subtract line **2e** from line **1**			3	9,119,180
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 should equal Form 990, Part I, line 18)			5	9,119,180

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, 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

Identifier	Return Reference	Explanation
FIN 48 FOOTNOTE	SCHEDULE D, PART 2	THE ORGANIZATION FOLLOWS THE FASB'S GUIDANCE ON UNCERTAIN TAX POSITIONS THAT MAY REQUIRE FINANCIAL STATEMENT RECOGNITION THE ORGANIZATION ANALYZED ITS TAX FILING POSITIONS IN ALL JURISDICTIONS IT IS REQUIRED TO FILE TAX RETURNS, AS WELL AS OPEN TAX YEARS IN THESE JURISDICTIONS BASED ON THIS REVIEW, NO RESERVES FOR UNCERTAIN TAX POSITIONS WERE REQUIRED TO HAVE BEEN RECORDED IN ACCORDANCE WITH GAAP IN EITHER 2010 OR 2009 IN ADDITION, THE ORGANIZATION DETERMINED THAT IT DID NOT NEED TO RECORD ANY TAX-RELATED INTEREST OR PENALTIES IN EITHER YEAR
ENDOWMENT FUND USES	SCHEDULE D, PART V, LINE #4	THE PURPOSE OF THE FUND IS TO HELP ENSURE THE LONG-TERM CONTINUITY OF KAB AND ITS FUTURE ABILITY TO CARRY OUT ITS CHARITABLE MISSION THE FUND IS ADMINISTERED BY THE EXECUTIVE COMMITTEE OF THE BOARD IN ACCORDANCE WITH POLICIES ADOPTED BY THE BOARD AS THE FUND IS BOARD DESIGNATED, THE AMOUNTS ARE INCLUDED IN UNRESTRICTED NET ASSETS ALL INTEREST AND DIVIDEND EARNINGS ARE REINVESTED INTO THE FUND AS THEY ARE EARNED
OTHER ADJUSTMENTS	FORM 990, SCHEDULE D, PART XI, LINE 8 & PART XII, LINE 2D	Reversal of deferred revenue that was included in revenue on Form 990 in 2009 but not included in revenue on the audited financial statements until 2010

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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

2010

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.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail 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 Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	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	427,700			427,700
	2 Less Charitable contributions	404,000			404,000
	3 Gross income (line 1 minus line 2)	23,700			23,700
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	83,987			83,987
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	142,895			142,895
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				226,882
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-203,182

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 Non-cash 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 lines 1 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

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

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? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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

2010

Open to Public Inspection

Name of the organization
KEEP AMERICA BEAUTIFUL INC

Employer identification number
13-1761633

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

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

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" to Form 990, Part IV, line 22. Use 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.

Identifier	Return Reference	Explanation
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

Additional Data Return to Form

Software ID:
Software Version:
EIN: 13-1761633
Name: KEEP AMERICA BEAUTIFUL INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Bakersfiled Foundation4101 Truxton Ave Bakerfield,CA 93309	91-1885891	503(C)(3)	6,500		CASH		GAC Wrigely Pass Through
Keep Downey Beautiful12324 Bellflower Blvd Downey,CA 90242	95-1918226	503(C)(3)	6,500		CASH		GAC Wrigely Grant-HMF
KEEP GLENDALE BEAUTIFUL141 N GLENDALE AVE GLENDALE,CA 912064996	26-0253365	503(C)(3)	6,500		CASH		GAC Wrigely Grant-HMF
KEEP RIVERSIDE CLEAN & BEAUTIF3985 UNIVERSITY AVE RIVERSIDE,CA 92601	95-1154480	503(C)(3)	6,500		CASH		GAC Wrigely Grant-HMF
Upper Tennessee River RoundtableP O Box 2359 Abingdon,VA 24212	31-1792876	503(C)(3)	5,500		CASH		CLPP 2010 Grant
BoatUs Foundation147 Old Solomons Island Rd Annapolis,MD 21401	54-1156448	503(C)(3)	10,000		CASH		VARIOUS
INTERNATIONAL DOWNTOWN ASSOCIATION1025 Thomas Jefferson St NW WASHINGTON,DC 20007	38-1817974	503(C)(3)	10,000		CASH		Partnership fees
Arizona Clean and BeautifulP O Box 25126 Phoenix,AZ 85002	86-0047273	503(C)(3)	10,000		CASH		GAC Wrigely Grant
KEEP JACKSON BEAUTIFUL 111 E Main Street JACKSON,TN 38301	62-6000316	503(C)(3)	10,000		CASH		UPS Community Grants 2010
KEEP PINELLAS BEAUTIFUL 4707 140th Ave Clearwater,FL 33762	59-3120169	503(C)(3)	10,000		CASH		WM Grant
KEEP SMYRNA BEAUTIFUL INC200 VILLAGE GREEN CIRCLE SMYRNA,GA 30080	58-1895571	503(C)(3)	10,000		CASH		UPS Community Grants 2010
KEEP THE MIDLANDS BEAUTIFUL930 Richland St Columbia,SC 29201	57-0888246	503(C)(3)	10,000		CASH		UPS Community Grants 2010

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 TULAROSA BEAUTIFUL609A ST FRANCIS DR TULAROSA,NM 88352	85-6004061	503(C)(3)	10,000		CASH		UPS Community Grants 2010
KEEP TUPELO BEAUTIFUL 71 East Troy Tupelo,MS 38801	64-6001140	503(C)(3)	10,000		CASH		WM Grant
Pine Bluff Jefferson County 211 West 3rd Ave Pine Bluff,AR 71601	71-0553120	503(C)(3)	10,000		CASH		WM Grant
PENSACOLA-ESCAMBIA CLEAN3303 N Davis Hwy Pensacola,FL 32503	59-1863230	503(C)(3)	10,000		CASH		WM Grant
KEEP DODGE CITY BEAUTIFULP O Box 880 DODGE CITY,KS 67801	48-6008416	503(C)(3)	10,000		CASH		UPS Community Grants 2010
KEEP CHARLESTON BEAUTIFUL823 Meeting Street Charleston,SC 29403	57-6000226	503(C)(3)	10,000		CASH		UPS Community Grants 2010
KEEP BLACKSTONE VALLEY BEAUTIFUL175 MAIN ST PAWTUCKET,RI 02860	05-0424318	503(C)(3)	10,000		CASH		UPS Community Grant-replacement of check #19365, n
I LOVE A CLEAN SAN DIEGO2508 Historic Decatur Rd SAN DIEGO,CA 92106	95-2566791	503(C)(3)	6,500		CASH		GAC Wrigley Pass Through Grant
PUERTO RICO TOURISM COMPANY2 Paseo La Princes SAN JUAN,PR 009023960	66-0288328	503(C)(3)	10,000		CASH		WM Grant
KEEP DENTON BEAUTIFUL 1117 Riney Rd DENTON,TX 76207	75-2550483	503(C)(3)	10,000		CASH		WM Grant
KEEP GRAND PRAIRIE BEAUTIFULPO Box 534045 Grand Prairie,TX 750534045	75-6000543	503(C)(3)	10,000		CASH		UPS Community Grants 2010
KEEP PLANO BEAUTIFUL PO Box 860358 Plano,TX 77581	85-0288264	503(C)(3)	10,000		CASH		WM Grant

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 SUGAR LAND BEAUTIFUL119 Brooks St Sugar Land,TX 77478	76-0628143	503(C)(3)	10,000		CASH		UPS Community Grants 2010
KEEP POLK COUNTY BEAUTIFUL951 Eagle Ridge Dr Cedartown,FL 33859	59-3233346	503(C)(3)	10,000		CASH		WM Grant
KEEP KNOXVILLE BEAUTIFUL INC100 S Gay St KNOXVILLE,TN 37902	62-1094445	503(C)(3)	10,000		CASH		WM Grant
Keep Chatsworth-Murray Beautiful302 E Market ST Chatsworth,GA 30705	20-4921187	503(C)(3)	10,000		CASH		WM Grant
KEEP LOS ANGELES BEAUTIFUL200 N Spring St Los Angeles,CA 90012	95-6000735	503(C)(3)	12,500		CASH		VARIOUS
KEEP GUNTERSVILLE BEAUTIFUL341 GUNTER AVENUE GUNTERSVILLE,AL 35976	63-6001286	503(C)(3)	10,000		CASH		UPS Community Grants 2010
KEEP BREVARD BEAUTIFUL 1620 ADAMSON RD COCOA,FL 32926	59-2154072	503(C)(3)	15,000		CASH		VARIOUS
Waste Management of Los Angeles1970 E 213TH ST Long Beach,CA 90810	68-0306154	503(C)(3)	15,000		CASH		VARIOUS
KEEP CINCINNATI BEAUTIFUL801 PLUM STREET CINCINNATI,OH 45202	31-0948219	503(C)(3)	15,000		CASH		VARIOUS
KEEP DORCHESTER COUNTY BEAUTIFUL2120 East Main St Dorchester,SC 29437	57-6000344	503(C)(3)	17,000		CASH		VARIOUS
KEEP GREATER MILWAUKEE BEAUTIFUL 1313 W Mount Vernon Ave Milwaukee,WI 53233	39-1449048	503(C)(3)	17,000		CASH		VARIOUS
KEEP PALM BEACH COUNTY BEAUTIFUL1920 PALM BEACH LAKES BLVD Suite 21 WEST PALM BEACH,FL 33409	65-0117981	503(C)(3)	15,000		CASH		VARIOUS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 AUSTIN BEAUTIFUL 55 North I 35 Suite 215 Austin,TX 78702	74-2387512	503(C)(3)	20,000		CASH		VARIOUS
KEEP INDIANAPOIS BEAUTIFUL1029 Fletcher Ave INDIANAPOLIS,IN 46203	31-1005792	503(C)(3)	20,000		CASH		VARIOUS
MCWEENEY MARKETING GROUP INCPO BOX 989 ORANGE,CT 064770989	06-1288416	503(C)(3)	22,685		CASH		5000 tshirts
KEEP HOUSTON BEAUTIFUL3000 Richmond Ave HOUSTON,TX 77098	74-1946081	503(C)(3)	22,280		CASH		VARIOUS
KEEP PHOENIX BEAUTIFUL 200 West Washington St PHOENIX,AZ 85003	86-0456964	503(C)(3)	27,000		CASH		VARIOUS
HOT SPRINGSGARLAND COUNTY500 Mid-America Blvd Hot Springs,AR 71913	71-0709078	503(C)(3)	26,500		CASH		VARIOUS
KEEP CALIFORNIA BEAUTIFUL1822 21st St SACRAMENTO,CA 95811	68-0224415	503(C)(3)	50,000		CASH		VARIOUS

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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, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
KEEP AMERICA BEAUTIFUL INC

Employer identification number
13-1761633

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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 from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No
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 duplicate copies 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				
(1) MATTHEW M MCKENNA	(i)	266,875	60,000	0	42,788	904	370,567	
	(ii)	0	0	0			0	
(2) GAIL CUNNINGHAM	(i)	143,213	35,000	0	7,259	27,369	212,841	
	(ii)	0	0	0			0	
(3) SUSANNE WOODS	(i)	121,420	10,000	0	6,571	28,858	166,849	
	(ii)	0	0	0			0	
(4) JOHN BYRNE	(i)	154,125	35,000	0	0	432	189,557	
	(ii)	0	0	0			0	
(5) REBECCA LYONS	(i)	132,134	16,000	0	7,407	19,242	174,783	
	(ii)	0	0	0			0	
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

Identifier	Return Reference	Explanation
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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( )		See Add'l Data		
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
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 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?		No
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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
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.

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-1761633
Name: KEEP AMERICA BEAUTIFUL INC

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
Other ► (MTD Products Inc-Tools, gardening equipment)	X	0	56,000	FMV
Other ► (The Sherwin-Williams-Web site hoting & maintenance)	X	0	12,700	FMV
Other ► (Mr Matthew McKenna-Decorations for office)	X	0	4,259	FMV
Other ► (Mr Matthew McKenna-Dinner for board of directors)	X	0	4,204	FMV
Other ► (Wells-Lamont-Gloves for Great American Cleanup)	X	0	5,501	FMV
Other ► (Take Pride in America-300 Water bottles)	X	0	1,735	FMV
Other ► (Miss America Organization-Appearances)	X	0	50,000	FMV
Other ► (Glad Products Company)	X	0	215,000	FMV
Other ► (Solo Cup Company)	X	0	68,904	FMV
Other ► (Scott's)	X	0	15,000	FMV

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
KEEP AMERICA BEAUTIFUL INC

Employer identification number
13-1761633

Identifier	Return Reference	Explanation
APPROVAL PROCESS	FORM 990, 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 THE COMPENSATION COMMITTEE REVIEWS COMPARABLE DATA ON OTHER NON-PROFIT ORGANIZATIONS IN THE TRI-STATE AREA THIS PROCESS WAS LAST UNDERTAKEN IN FEBRUARY 2011 AT THAT TIME, THE COMPENSATION COMMITTEE APPROVED THE RECOMMENDED SALARY INCREASES THAT THE PRESIDENT PROPOSED FOR KEY OFFICERS AND EMPLOYEES

Identifier	Return Reference	Explanation
DISCLOSURE	FORM 990, PART VI, LINE 19	AUDITED FINANCIAL STATEMENTS ARE PROVIDED TO 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

Identifier	Return Reference	Explanation
REVIEW OF 990	FORM 990, PART VI, LINE 11A	THE FORM 990 IS 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 IS SHARED WITH THE FULL BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
POLICIES & PROCEDURES-AFFILIATES	FORM 990, PART VI, LINE 10B	THE LOCAL AFFILIATES ARE SEPARATE NONPROfIT ENTITIES AND/OR AGENCIES OF LOCAL GOVERNMENTS THAT ARE NOT CONTROLLED BY KAB AND, THEREFORE, KAB DOES NOT HAVE WRITTEN POLICIES AND PROCEDURES IN PLACE TO GOVERN THE ACTIVITIES OF THESE AfFILIATES

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSET	FORM 990, PART XI, LINE 4	UNREALIZED GAINS ON INVESTMENTS WAS $188,880 FOR THE YEAR ENDED DECEMBER 31, 2010

Identifier	Return Reference	Explanation
COMPLIANCE WITH CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C	If any conflict were to arise, those conflicts would be reviewed with the Internal Management Committee and the Board of Directors

Identifier	Return Reference	Explanation
2010 NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	Recycling Campaign In 2010, KAB initiated fund raising for an advertising campaign aimed at recycling The campaign is still in the fundraising stage Anti-Littering Campaign Last summer, KAB IN CONJUNCTION WITH ITS AFFILIATE, Keep Cincinnati Beautiful launched a new litter prevention campaign called "Littering is Wrong, Too!" THIS NEW KAB CAMPAIGN WAS PILOTED IN 2010 WITH KEEP CINCINNATI BEAUTIFUL FROM JULY THROUGH OCTOBER, THE "LITTERING IS WRONG, TOO!" INCLUDES BOTH TRADITIONAL AND NON-TRADITIONAL SOCIAL MARKETING APPROACHES AND EXECUTIONS THE CAMPAIGN IS BEING MADE AVAILABLE TO KAB AFFILIATES IN 2011 KEY FINDINGS AT A GLANCE RESULTS FROM CINCINNATI PILOT CAMPAIGN -1 IN 3 18- TO 34-YEAR-OLDS RECOGNIZE THE SLOGAN "LITTERING IS WRONG, TOO" -4 IN 10 CONSUMERS WHO CLAIM AWARENESS OF THE CAMPAIGN SAY IT CAUSED THEM TO BE MORE AWARE OF OTHERS' LITTERING -A SIMILAR PROPORTION SAY IT MADE THEM MORE AWARE OF THEIR OWN LITTERING -THE PERCENTAGE OF YOUNG ADULTS WHO CONSIDER REDUCING LITTER TO BE EXTREMELY IMPORTANT INCREASED FROM 19% BEFORE TO 32% AFTER THE CAMPAIGN

Identifier	Return Reference	Explanation
OTHER PROGRAM SERVICES	OTHER PROGRAM SERVICES	SOME OF THE OTHER MAJOR PROGRAM SERVICES INCLUDE A PUBLIC SPACE RECYCLING KAB'S PUBLIC SPACE RECYCLING INITIATIVE BRINGS GREATER AWARENESS TO OPPORTUNITIES FOR PUBLIC SPACE RECYCLING AND DEVELOPS GREATER COMMUNITY CAPACITY TO IMPLEMENT RECYCLING "AWAY-FROM HOME" ACROSS ALL INITIATIVES, KAB ANTICIPATES THE DISTRIBUTION OF TENS OF THOUSANDS OF RECYCLING BINS TO SCHOOLS/CAMPUSES, PUBLIC PARKS, RECREATION AREAS, SPECIAL EVENTS, BEACHES, STREET CORNERS , AND OTHER PUBLIC VENUES KAB TEAMED WITH SEVERAL SPONSORS IN 2010 TO PROVIDE PUBLIC SPACE RECYCLING BINS TO COMMUNITIES ACROSS THE COUNTRY -THE KAB/COCA-COLA BIN GRANT PROGRAM PROVIDED APPROXIMATELY 4,000 BINS TO 80 COMMUNITIES -WITH COCA-COLA, TRUST FOR THE NATIONAL MALL AND THE NATIONAL PARK TRUST, KAB CONDUCTED A STUDY OF BEST PRACTICES FOR INTRODUCING RECYCLING TO THE NATIONAL MALL IN WASHINGTON, DC, LEADING TO 200 NEW, HIGH-PROFILE RECYCLING BINS -KAB TEAMED WITH PEPSICO AND WASTE MANAGEMENT ON THE DREAM MACHINE PROGRAM, A THREE-YEAR EFFORT TO PLACE APPROXIMATELY 15,000 BINS IN PUBLIC SPACE VENUES -KAB ASSISTED PEPSICO IN DEVELOPING A PUBLIC STREET BIN PROGRAM WITH THE DOWNTOWN BUSINESS IMPROVEMENT DISTRICT IN WASHINGTON, DC THE PROJECT WILL PLACE OVER 300 RECYCLING BINS -KAB PARTNERED WITH THE ALCOA FOUNDATION TO DISTRIBUTE 50,000 RECYCLING BINS FOR COLLEGE CAMPUSES IN 2011 -THE ANHEUSER-BUSCH FOUNDATION AWARDED A $200,000 GRANT TO KAB TO DEVELOP PUBLIC SPACE RECYCLING PROGRAMS FOR SPECIAL EVENTS IN 2011 -KAB HOSTED A NATIONAL SYMPOSIUM ON PUBLIC SPACE RECYCLING, DRAWING OVER 100 THOUGHT LEADERS FROM ACROSS THE COUNTRY, AND BRINGING FOCUS AND USEFUL INFORMATION TO THE RECYCLING COMMUNITY B AMERICA RECYCLES DAY AMERICA RECYCLES DAY (ARD) IS THE ONLY NATIONALLY-RECOGNIZED DAY DEDICATED TO THE PROMOTION OF RECYCLING PROGRAMS IN THE UNITED STATES ONE DAY TO INFORM AND EDUCATE ONE DAY TO GET OUR NEIGHBORS, FRIENDS AND COMMUNITY LEADERS EXCITED ABOUT WHAT CAN BE ACCOMPLISHED WHEN WE ALL WORK TOGETHER ONE DAY TO MAKE RECYCLING BIGGER AND BETTER 365 DAYS A YEAR IN KEEP AMERICA BEAUTIFUL'S SECOND YEAR OF PRODUCING ARD, WE ENGAGED MORE THAN 1,800 EVENT ORGANIZERS AND NEARLY 13,800 GROUPS, WHO REGISTERED MORE THAN 2,000 EVENTS AND INVOLVED 2 MILLION ARD PARTICIPANTS WITH THE I RECYCLE CAMPAIGN THEME THAT REPRESENTS A 20 PERCENT INCREASE IN REACH AND PARTICIPATION SPONSORS OF ARD INCLUDED MEDIA PARTNERS EARTH 911 COM AND DISNEY'S FRIENDS FOR CHANGE - AS WELL AS NATIONAL SPONSORS ALCOA, AMERICAN CHEMISTRY COUNCIL, ANHEUSER-BUSCH, NAKED JUICE, NESTLE WATERS NORTH AMERICA, PEPSICO AND WASTE MANAGEMENT THE EVENT WAS RECOGNIZED BY THE EPA AND PRESENTED WITH A PROCLAMATION BY PRESIDENT BARACK OBAMA C RECYCLEMANIA RECYCLEMANIA IS A NATIONWIDE, FRIENDLY COMPETITION THAT PITS COLLEGES AND UNIVERSITIES IN A CONTEST TO SEE WHO CAN REDUCE, REUSE AND RECYCLE THE MOST CAMPUS WASTE OVER A 10-WEEK PERIOD, SCHOOLS REPORT RECYCLING AND TRASH DATA WHICH ARE THEN RANKED ACCORDING TO WHO COLLECTS THE LARGEST AMOUNT OF RECYCLABLES PER CAPITA, THE LARGEST AMOUNT OF TOTAL RECYCLABLES, THE LEAST AMOUNT OF TRASH PER CAPITA, OR HAVE THE HIGHEST RECYCLING RATE DURING THE RECYCLEMANIA 10-WEEK COMPETITION IN 2010, 607 PARTICIPATING CAMPUSES REPRESENTING MORE THAN 5 MILLION STUDENTS AND 1 3 MILLION FACULTY/STAFF COLLECTIVELY RECYCLED OR COMPOSTED OVER 84 5 MILLION POUNDS, WHICH PREVENTED THE RELEASE OF 137,500 METRIC TONS OF CARBON EQUIVALENT (MTCE) THE RECYCLEMANIA COMPETITION IS A PROGRAM OF THE RECYCLEMANIA STEERING COMMITTEE PROGRAM MANAGEMENT FOR RECYCLEMANIA IS PROVIDED BY KEEP AMERICA BEAUTIFUL WITH ADDITIONAL PROGRAM SUPPORT PROVIDED BY THE U S EPA'S WASTEWISE PROGRAM AND THE COLLEGE AND UNIVERSITY RECYCLING COALITION (CURC) RECYCLEMANIA IS MADE POSSIBLE THROUGH THE SPONSORSHIP SUPPORT OF THE COCA-COLA COMPANY, ALCOA, INC , WASTE MANAGEMENT, INC , AMERICAN FOREST & PAPER ASSOCIATION AND KEEP AMERICA BEAUTIFUL

Additional Data

Software ID:
Software Version:
EIN: 13-1761633
Name: KEEP AMERICA BEAUTIFUL INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
THOMAS C BRASCO TREASURER/DIRECTOR	1 0	X		X				0	0	0
JOHN W BURGRESS DIRECTOR	1 0	X						0	0	0
BARRY H CALDWELL CHAIRMAN	1 0	X		X				0	0	0
TERRI CARDWELL DIRECTOR	1 0	X						0	0	0
RICHARD HOFMANN DIRECTOR	1 0	X						0	0	0
L RICHARD CRAWFORD DIRECTOR	1 0	X						0	0	0
CAROLYN CRAYTON DIRECTOR	1 0	X						0	0	0
PASCAL A FERNANDEZ DIRECTOR	1 0	X						0	0	0
TIMOTHY J GARDNER DIRECTOR	1 0	X						0	0	0
WILLIAM HEENAN JR DIRECTOR	1 0	X						0	0	0
KIM JEFFERY DIRECTOR	1 0	X						0	0	0
PAULA DAVIS DIRECTOR	1 0	X						0	0	0
JIM KING DIRECTOR	1 0	X						0	0	0
BILL MORRISSEY DIRECTOR	1 0	X						0	0	0
ANDY PHAROAH DIRECTOR	1 0	X						0	0	0
JANE POLSON DIRECTOR	1 0	X						0	0	0
JOHN E ROSENOW DIRECTOR	1 0	X						0	0	0
HARVEY SASS DIRECTOR	1 0	X						0	0	0
JILL SCANDRIDGE DIRECTOR	1 0	X						0	0	0
THOMAS H TAMONEY JR DIRECTOR/SECRETARY	1 0	X		X				0	0	0
HOWARD UNGERLEIDER DIRECTOR	1 0	X						0	0	0
MATTHEW M MCKENNA PRESIDENT & CEO	40 0			X				326,875	0	43,692
GAIL CUNNINGHAM SR VP	40 0			X				178,213	0	34,628
SUSANNE WOODS SR VP, ENVIRONMENTAL PROGRAMIN	40 0			X				131,420	0	35,429
ROBERT WALLACE VP, COMMUNICATIONS	40 0			X				111,347	0	24,126

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
EDMUND SKERNOLIS OFFICER	40 0			X				128,272	0	20,297
JOHN BYRNE VICE PRESIDENT	40 0			X				189,125	0	432
CARRIE GALLAGHER DIRECTOR/VICE PRESIDENT	40 0			X				97,220	0	11,923
REBECCA LYONS CHIEF OPERATING OFFICER	40 0			X				148,134	0	26,649

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 4,247,714 including grants of $ 136,811) (Revenue $)

OTHER PROGRAMS