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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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
Suite

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

D Employer identification number
13-1761633

E Telephone number
(203) 659-3000

G Gross receipts $ 13,921,671

F Name and address of principal officer
REBECCA LYONS
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

Activities & Governance

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

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 2012 (Part V, line 2a)	5	45
6	Total number of volunteers (estimate if necessary)	6	
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
Revenue	8	Contributions and grants (Part VIII, line 1h)	7,804,036	7,744,647
	9	Program service revenue (Part VIII, line 2g)	546,401	360,839
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	122,217	68,066
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-60,031	17,812
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,412,623	8,191,364
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,535,190	2,459,976
	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)	3,336,265	3,722,978
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶717,611		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,096,100	2,825,357
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,967,555	9,008,311
	19	Revenue less expenses Subtract line 18 from line 12	-554,932	-816,947
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	8,937,371	8,535,764
	21	Total liabilities (Part X, line 26)	1,216,382	1,167,781
	22	Net assets or fund balances Subtract line 21 from line 20	7,720,989	7,367,983

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

****** | 2013-07-08
Signature of officer | Date

REBECCA LYONS CHIEF OPERATING OFFICER
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 SCHOPFER				

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

Firm's address ▶ 222 BLOOMINGDALE ROADSTE 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 ("KAB") IS THE NATIONS LEADING NONPROFIT ORGANIZATION THAT BUILDS VIBRANT COMMUNITIES THROUGH ITS 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 615,821 including grants of $ 287,827) (Revenue $ 342,538)

CIGARETTE LITTER PREVENTION PROGRAM (CLPP) The Cigarette Litter Prevention Program (CLPP), now in its 11th year, is the nation's largest program aimed at reducing cigarette litter By addressing factors such as a lack of awareness or an inadequate number of ash receptacles at transition points in public spaces, Keep America Beautiful's Cigarette Litter Prevention Program (CLPP) is making a difference In 2012, Keep America Beautiful (KAB) reported an average 55 percent reduction of cigarette litter in the 195 communities implementing KAB's Cigarette Litter Prevention Program (CLPP) in locations that included roadways, beaches, parks, marinas, and special events across the country Over the past seven years, the CLPP has consistently cut cigarette butt litter by half based on local measurements Survey results also showed that those reductions are sustained or even increased over time For example, more than 100 communities that started programs in 2011 achieved an average reduction of 48 percent that year, and increased that reduction by an additional 17 percent when measured again in 2012 Tobacco products, consisting mainly of cigarette butts, are the most littered item in America, representing nearly 38 percent of all items littered, according to "Litter in America," KAB's landmark 2009 study of litter and littering behavior In response to this issue, KAB developed the CLPP with funding from Philip Morris USA, an Altria company Since 2010, the program has received additional support from RAI Services Company In 2013, the Santa Fe Natural Tobacco Company also began its support of the CLPP Since the program's inception, it has been implemented in 1,263 U S communities By providing people with easily accessible information about ash receptacles, pocket and portable ashtrays and other educational tools, KAB is making strides in educating the public and ensuring a cleaner tomorrow

4b (Code) (Expenses $ 668,963 including grants of $ 117,610) (Revenue $ 1,969,000)

The Great American Cleanup Keep America Beautiful's Great American Cleanup is the nation's largest annual community improvement program that harnesses the power of over 4 million volunteers to build vibrant communities Each year, over 1,200 affiliates and participating organizations engage volunteers to take action in their communities through programs that deliver positive and lasting impact through events focused on beautifying parks and recreation areas, cleaning seashores and waterways, handling recycling collections, picking up litter, planting trees and flowers, and conducting educational programs and litter-free events In 2012, 4 2 million Great American Cleanup volunteers worked tirelessly to return nearly $230 million in measurable benefits in 20,000 communities across the country Keep America Beautiful hosted its second annual "National Day of Action" (NDA) on April 6, 2013 supporting the Great American Cleanup Our National Day of Action spotlighted special events in select cities and towns, among the many events that took place throughout the spring, as millions of volunteers worked together to build vibrant communities across the country The National Sponsors and Partners provide substantial support to the Great American Cleanup program in a variety of ways, from funding and in-kind donations to employee volunteer participation America's leading companies and brands support the campaign The National Sponsors of the 2013 Great American Cleanup to date are The Dow Chemical Company, The Glad Products Company, LG Electronics U S A , Inc , Nestl Pure Life Purified Water, PepsiCo's Pepsi-Cola and Gatorade companies, Solo Cup Company, Troy-Bilt Lawn and Garden Equipment, Waste Management, WM Recycle Service, and Wrigley

4c (Code) (Expenses $ 1,020,901 including grants of $ 905,000) (Revenue $ 1,000,000)

Lowe's Charitable and Education Foundation Grants Keep America Beautiful offered a variety of grassroots grant opportunities in 2012, funded by KAB corporate partners, which are helping to strengthen KAB's network of affiliates and partnering organizations across the country Recipients of these innovative and ambitious merit-based grants are developing new programs or expanding current programs to address their local needs and revitalize their communities The KAB grassroots grants programs provided local affiliates with a crucial avenue for additional funding during tough economic times, helping them generate positive impact on their local economy while developing new relationships among local government, residents and the companies that support them In what proved to be historic for Keep America Beautiful, the Lowe's Charitable and Educational Foundation presented the largest single donation directly supporting KAB affiliates with the development of the KAB/Lowe's Community Improvement Grant Program in 2012 In total, 20 grants of $20,000 and 100 grants of $5,000 were awarded Grant funds supported grassroots projects ranging from the creation of community gardens and tree plantings to litter and debris cleanups to entire community revitalization efforts The grant encouraged KAB affiliates to engage with their local Lowe's Heroes program, a company-wide volunteer initiative that offers Lowe's employees the opportunity to work on projects in their own neighborhood and furthers the program's mission of making our communities better places to live, work and play Keep Houston Beautiful transformed a vacant lot into a one-acre nature play garden in an underserved community with nearly 120 Lowe's Heroes putting in nearly 1,000 volunteer hours to help complete the project Keep Detroit Beautiful worked with local Lowe's stores to help in its effort to clean and restore a 15-mile urban business corridor Another community restoration project received a significant boost with the Lowe's Community Improvement Grant leading to additional funding and in-kind contributions of nearly $100,000 for the transformation of the town square in Greenville, Miss With the support of Lowe's Educational and Charitable Foundation and the Lowe's Heroes, more than 120 KAB affiliate and partnering organizations were able to implement a hands-on approach to improving the quality of life in communities across the country

(Code) (Expenses $ 4,580,641 including grants of $ 1,149,539) (Revenue $ 3,546,044)

OTHER PROGRAMS

4d Other program services (Describe in Schedule O)

(Expenses $ 4,580,641 including grants of $ 1,149,539) (Revenue $ 3,546,044)

4e **Total program service expenses** ▶ 6,886,326

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 instructions)?	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 for which 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 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, 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, line 10? *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 and XII*	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		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 United States? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, 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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	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 through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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		No
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, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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 11b 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	51			
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	45			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
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 as charitable contributions? . . .			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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
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	Did the organization have members or stockholders? . . .		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . .		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .		**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	Did the organization have local chapters, branches, or affiliates? . . .	**10a**	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		No
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . .	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . .	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* . . .	**12c**	Yes	
13	Did the organization have a written whistleblower policy? . . .	**13**	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶REBECCA LYONS 1010 WASHINGTON BLVD STAMFORD, CT (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 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, or 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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

		(D)	(E)	(F)
1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	1,525,914	0	239,671

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶8

			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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CONE COMMUNICATIONS LLC , 885 BOYSTON ST BOSTON MA 02116	PUBLIC RELATIONS	246,104
THE CAUSEWAY AGENCY , 21 CHARLES ST WESTPORT CT 06880	PUBLIC RELATIONS	177,139

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

Part VIII Statement of Revenue

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

				(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	656,335				
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	7,088,312				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		7,744,647			
Program Service Revenue			Business Code				
	2a	CERTIFICATION FEES		26,000	26,000		
	b	PROGRAM SERVICE FEES		120,315	120,315		
	c	PROGRAM ADMINISTRATIVE FEES		183,000	183,000		
	d	STATE RECYCLING FEES		16,630	16,630		
	e	PUBLICATION SALES		14,894	14,894		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		360,839			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		261,899			261,899
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . ▶		14,226			14,226
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	(i) 0 / (ii) 0				
	d	Net rental income or (loss) . . . . ▶		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) 5,451,628				
	b	Less cost or other basis and sales expenses	(i) 5,645,461				
	c	Gain or (loss)	(i) -193,833				
	d	Net gain or (loss) . . . . ▶		-193,833			-193,833
	8a	Gross income from fundraising events (not including $ 656,335 of contributions reported on line 1c) See Part IV, line 18 . . a	58,000				
	b	Less direct expenses . . . b	84,846				
	c	Net income or (loss) from fundraising events . . ▶		-26,846			-26,846
	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	30,432	30,432		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . . ▶		30,432			
	12	**Total revenue.** See Instructions . . . . . ▶		8,191,364	391,271		55,446

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)

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

	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 United States See Part IV, line 21	2,449,976	2,449,976		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	10,000	10,000		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,765,585	1,038,528	451,761	275,296
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	1,416,453	829,292	386,826	200,335
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,664	37,694	5,704	4,266
9	Other employee benefits	289,374	169,003	79,017	41,354
10	Payroll taxes	203,902	116,933	60,804	26,165
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	49,171	31,972	13,578	3,621
c	Accounting	114,190	37,844	67,366	8,980
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	30,894	0	30,894	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,930	4,412	471	1,047
12	Advertising and promotion	381,290	371,249	3,441	6,600
13	Office expenses	185,308	144,861	22,449	17,998
14	Information technology	187,129	159,774	11,037	16,318
15	Royalties . .	0			
16	Occupancy	350,032	244,431	48,831	56,770
17	Travel	349,727	263,758	64,128	21,841
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	78,710	22,294	52,913	3,503
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	49,820	36,001	6,731	7,088
23	Insurance	46,434	31,485	7,619	7,330
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	CONSULTANTS	458,191	451,449	3,044	3,698
b	PREMIUM INCENTIVES	114,256	114,256	0	0
c	PRINTING	164,644	164,414	230	0
d	MISCELLANEOUS PROGRAM EXPENSES	41,296	34,164	3,322	3,810
e	All other expenses	218,335	122,536	84,208	11,591
25	**Total functional expenses.** Add lines 1 through 24e	9,008,311	6,886,326	1,404,374	717,611
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,372,053	1	1,056,746
	2	Savings and temporary cash investments		2,025,090	2	1,146,128
	3	Pledges and grants receivable, net		570,803	3	220,500
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other 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) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		136,858	9	330,942
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 329,737			
	b	Less accumulated depreciation	10b 236,085	112,688	10c	93,652
	11	Investments—publicly traded securities		4,719,879	11	5,687,796
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		8,937,371	16	8,535,764
Liabilities	17	Accounts payable and accrued expenses		681,382	17	798,240
	18	Grants payable		0	18	0
	19	Deferred revenue		500,000	19	334,541
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		35,000	25	35,000
	26	**Total liabilities.** Add lines 17 through 25		1,216,382	26	1,167,781
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,325,724	27	3,571,666
	28	Temporarily restricted net assets		4,395,265	28	3,796,317
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), 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		7,720,989	33	7,367,983
	34	Total liabilities and net assets/fund balances		8,937,371	34	8,535,764

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	8,191,364
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,008,311
3	Revenue less expenses Subtract line 2 from line 1	3	-816,947
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,720,989
5	Net unrealized gains (losses) on investments	5	213,941
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	250,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,367,983

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
MATTHEW M MCKENNA PRESIDENT & CEO	40 0	X		X				348,992	0	2,491
THOMAS C BRASCO TREASURER/DIRECTOR	1 0	X		X				0	0	0
BARRY H CALDWELL DIRECTOR	1 0	X						0	0	0
TERRI CARDWELL DIRECTOR	1 0	X						0	0	0
KATHY CASSO 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 CHAIRMAN	1 0	X		X				0	0	0
GREGORY CRAWFORD DIRECTOR	1 0	X						0	0	0
KIM JEFFERY DIRECTOR	1 0	X						0	0	0
DREW BECHER 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
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
CAREY HAMILTON DIRECTOR	1 0	X						0	0	0
ANNE JOHNSON DIRECTOR	1 0	X						0	0	0
TOM WALDECK DIRECTOR	1 0	X						0	0	0
JAY SCRIPTER DIRECTOR	1 0	X						0	0	0
ROBERT PHELPS DIRECTOR	1 0	X						0	0	0
BRIAN KELLY DIRECTOR	1 0	X						0	0	0
GAIL CUNNINGHAM SR VP	40 0			X				165,563	0	41,235

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 (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
SUSANNE WOODS SR VP, ENVIRONMENTAL PROGRAMIN	40 0			X				189,190	0	34,717
ROBERT WALLACE VP, COMMUNICATIONS	40 0			X				97,786	0	24,102
EDMUND SKERNOLIS OFFICER	40 0			X				143,005	0	28,755
REBECCA LYONS CHIEF OPERATING OFFICER	40 0			X				164,411	0	32,276
SUSAN FOSTER SENIOR VICE PRESIDENT	40 0			X				176,715	0	47,494
BRENDA PULLEY VICE PRESIDENT	40 0			X				125,599	0	20,125
LYNN MARKLEY Senior Vice President	40 0			X				114,653	0	8,476

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

2012

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 - Non-functionally integrated

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

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

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		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?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,663,115	9,694,529	8,712,321	7,804,036	7,744,647	40,618,648
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	6,663,115	9,694,529	8,712,321	7,804,036	7,744,647	40,618,648
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)						15,166,197
6 **Public support.** Subtract line 5 from line 4						25,452,451

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	6,663,115	9,694,529	8,712,321	7,804,036	7,744,647	40,618,648
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	135,199	165,340	198,559	290,035	276,125	1,065,258
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	40,703	13,419	15,862	30,432	100,416
11 **Total support** (Add lines 7 through 10)						41,784,322

12 Gross receipts from related activities, etc (see instructions) | **12** | 2,866,168

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 2012 (line 6, column (f) divided by line 11, column (f))	**14**	60 914 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	**15**	58 799 %

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
KEEP AMERICA BEAUTIFUL INC

Employer identification number
13-1761633

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

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

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

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

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

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the 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, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

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

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

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

3 Using the organization's acquisition, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . ☐

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	2,192,792	2,220,461	2,066,584	1,679,766	2,071,767
b	Contributions	4,941				
c	Net investment earnings, gains, and losses	271,567	-7,856	172,475	400,274	-377,325
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses	20,845	19,813	18,598	13,456	14,676
g	End of year balance	2,448,455	2,192,792	2,220,461	2,066,584	1,679,766

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 100 000 %

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

4 Describe in Part XIII the intended uses of the organization's endowment funds

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

Description of property	(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		329,737	236,085	93,952
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				93,952

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) must equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
DEFERRED COMPENSATION	35,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	35,000

2. Fin 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	8,566,622
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	213,941		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	161,317		
e	Add lines **2a** through **2d**			2e	375,258
3	Subtract line **2e** from line **1**			3	8,191,364
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	8,191,364

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

1	Total expenses and losses per audited financial statements			1	8,919,628
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	-88,683		
e	Add lines **2a** through **2d**			2e	-88,683
3	Subtract line **2e** from line **1**			3	9,008,311
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	9,008,311

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
FIN 48 FOOTNOTE	SCHEDULE D, PART X, LINE 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 2012 OR 2011 IN ADDITION, THE ORGANIZATION DETERMINED THAT IT DID NOT NEED TO RECORD ANY TAX-RELATED INTEREST OR PENALTIES IN EITHER YEAR THE ORGANIZATION WILL CONTINUE TO REVIEW THE RELEVANT AUTHORITATIVE GUIDANCE AS SUCH RELATES TO ITS FINANCIAL STATEMENTS AND CONCLUSIONS REACHED REGARDING UNCERTAIN TAX POSITIONS, WHICH MAY BE SUBJECT TO REVIEW AND ADJUSTMENT AT A LATER DATE BASED ON ONGOING ANALYSES OF TAX LAWS, REGULATIONS, AND INTERPRETAIONS THEREOF TO THE EXTENT THAT THE ASSESSMENT OF THE CONCLUSIONS REACHED REGARDING UNCERTAIN TAX POSITION CHANGES, SUCH CHANGE IN ESTIMATE WILL BE RECORDED IN THE PERIOD IN WHICH SUCH DETERMINATION IS MADE
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, SCH D, PART XI, LINE 2D & PART XII, LINE 2D	$250,000 relates to 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 2012 $88,683 relates to amounts that were allocated to the benefit dinner on the audited financial statements that are not direct expenses of the dinner this amount has been moved to the fundraising expense column in part ix of the 990 The net amount is $161,317

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
KEEP AMERICA BEAUTIFUL INC

Employer identification number
13-1761633

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
3a Sub-total					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	VARIOUS	10,000	CHECK			CASH

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☐ Yes	☑ No

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

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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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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

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

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

(i) Name 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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	714,335			714,335
	2	Less Contributions	656,335			656,335
	3	Gross income (line 1 minus line 2)	58,000			58,000
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	61,363			61,363
	7	Food and beverages				
	8	Entertainment	9,500			9,500
	9	Other direct expenses	13,983			13,983
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				(84,846)
	11	Net income summary Combine line 3, column (d), and line 10 ▶				-26,846

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 ____

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 Enter 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 of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . ☐ 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 **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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

2012

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. Part II can be duplicated if additional space is needed.

(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 listed in the line 1 table . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . ▶

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 RECIPIENT 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
ARBOR DAY FOUNDATION PO BOX 80208 LINCOLN,NE 68501	12-1212121	503(C)(3)	100,000		CASH		MCDONALD'S SMURF THE EARTH PASS THROUGH GRANT
AZUSA BEATIFUL1605 HOPE ST SUITE 250 PASADENA,CA 91030	27-5556900	503(C)(3)	10,000		CASH		THINK GREEN GRANT
CITY OF SACRAMENTO915 I STREET SACRAMENTO,CA 95814	94-6000410	503(C)(3)	10,000		CASH		WM THINK GREEN GRANT
CURVSIDE VALUE PARTNERSHIP1525 WILSON BLVD ARLINGTON,VA 22209	37-1622018	503(C)(3)	75,000		CASH		VARIOUS
EIGHT MILEKEEP MICHIGAN BEAUTIFUL1321 W EIGHT MILE ROAD DETROIT,MI 48203	38-3189243	503(C)(3)	18,000		CASH		LOWES GRANT
GIVE PROGRAM151 BROOKDALE ROAD STAMFORD,CT 06903	06-6079591	503(C)(3)	18,000		CASH		LOWES GRANT
GREENSBORO BEAUTIFUL INC401 PATTON AVE GREENSBORO,NC 27402	56-6000230	503(C)(3)	10,000		CASH		THINK GREEN GRANT
GWINNETT CLEAN & BEAUTIFUL INC4300 SATELLITE BLVD DULUTH,GA 30096	26-2969476	503(C)(3)	10,000		CASH		THINK GREEN GRANT
HAMPTON CLEAN CITY 1296 THOMAS ST HAMPTON,VA 23669	54-6001336	503(C)(3)	10,000		CASH		THINK GREEN GRANT
HOT SPRINGS GARLAND COUNTY500 MID-AMERICA BLVD HOT SPRINGS,AR 71913	71-0709078	503(C)(3)	16,000		CASH		VARIOUS
I LOVE A CLEAN SAN DIEGO INC2508 HISTORIC DECATUR SAN DIEGO,CA 92106	95-2566791	503(C)(3)	26,000		CASH		VARIOUS
KAB-TOPEKASHAWNEE COUNTYPO BOX 750775 TOPEKA,KS 66675	48-0887925	503(C)(3)	20,000		CASH		LOWES GRANT
KCBPPOPMERION VILLAGE ASSOCIATES1265 MARION RD COLUMBUS,OH 43207	31-1198305	503(C)(3)	20,000		CASH		LOWES GRANT
KEEP ALBANY-DOUGHERTY BEAUTIFULPO BOX 4868 ALBANY,GA 31706	58-1982559	503(C)(3)	10,000		CASH		MILLER COORS GRANT
KEEP ANDERSON COUNTY BEAUTIFULPO BOX 6305 OAK RIDGE,TN 37831	26-3762547	503(C)(3)	20,000		CASH		LOWES GRANT
KEEP ARLINGTON BEAUTIFUL717 MAIN STREET ARLINGTON,VA 76013	75-6000450	503(C)(3)	13,000		CASH		LOWES GRANT
KEEP BATON ROUGE BEAUTIFUL1657 PATRICK DRIVE BATON ROUGE,LA 70810	72-0958720	503(C)(3)	10,000		CASH		VARIOUS
KEEP BEATRICE BEAUTIFUL 205 N FOURTH ST BEATRICE,NE 68310	47-0655447	503(C)(3)	10,000		CASH		VARIOUS
KEEP CASPER BEAUTIFUL 1800 EAST K ST CASPER,WY 82601	83-6000049	503(C)(3)	10,000		CASH		VARIOUS
KEEP CHARLOTTE BEAUTIFUL600 EAST TRADE ST CHARLOTTE,NC 28202	56-6000221	503(C)(3)	30,000		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 COLUMBUS BEAUTIFUL1265 MARION ROAD COLUMBUS,OH 43207	31-6400223	503(C)(3)	20,000		CASH		LOWES GRANT
KEEP COVINGTON BEAUTIFUL1650 RUSSELL ST COVINGTON,KY 41011	61-0733046	503(C)(3)	27,500		CASH		LOWES GRANT
KEEP FORT WORTH BEAUTIFUL4009 ALAVA DRIVE FORT WORTH,TX 76133	75-6000528	503(C)(3)	10,000		CASH		THINK GREEN GRANT
KEEP GEORGIA BEAUTIFUL 60 EXECUTIVE PARK SOUTH ATLANTA,GA 30329	58-1729605	503(C)(3)	15,000		CASH		VARIOUS
KEEP GREATER MILWAUKEE BEAUTIFUL1313 W MOUNT VERNON AVE MILWAUKEE,WI 53233	39-1449048	503(C)(3)	10,000		CASH		VARIOUS
KEEP GREENVILLE BEAUTIFUL340 MAIN STREET GREENVILLE,MS 38701	64-6000394	503(C)(3)	18,000		CASH		LOWES GRANT
KEEP GREENVILLE COUNTY BEAUTIFUL301 UNIVERSITY RIDGE SUITE 400 GREENVILLE,SC 29601	01-0950712	503(C)(3)	27,000		CASH		VARIOUS
KEEP GREENWOOD COUNTY BEAUTIFUL110 PHOENIX STREET GREENWOOD,SC 29646	57-1091636	503(C)(3)	18,000		CASH		LOWES GRANT
KEEP GUNTERSVILLE BEAUTIFUL341 GUNTER AVENUE GUNTERSVILLE,AL 35976	63-6001286	503(C)(3)	20,000		CASH		LOWES GRANT
KEEP HOUSTON BEAUTIFUL3000 RICHMOND AVENUE HOUSTON,TX 77098	74-1946081	503(C)(3)	20,000		CASH		LOWES GRANT
KEEP INDIANAPOLIS BEAUTIFUL1029 FLECHER AVENUE INDIANAPOLIS,IN 46203	31-1005792	503(C)(3)	40,000		CASH		VARIOUS
KEEP JACKSON BEAUTIFUL INC2906 NORTH STATE STREET JACKSON,MS 39216	64-0414521	503(C)(3)	10,000		CASH		THINK GREEN GRANT
KEEP KANSAS CITY BEAUTIFUL435 WESTPORT ROAD KANSAS CITY,MO 64111	43-1610645	501(C)(3)	20,000		CASH		LOWES GRANT
KEEP KNOXVILLE BEAUTIFULPO BOX 385 KNOXVILLE,TN 37901	62-1094445	501(C)(3)	18,000		CASH		LOWES GRANT
KEEP LAS VEGAS BEAUTIFUL495 S MAIN ST LAS VEGAS,NV 89101	88-6000019	501(C)(3)	10,000		CASH		UPS GRANT
KEEP LEXINGTON-FAYETTE COUNTY BEAUTIFUL200 EAST MAIN STREET LEXINGTON,KY 40507	61-0858140	501(C)(3)	20,000		CASH		LOWES GRANT
KEEP NEW ORLEANS BEAUTIFUL1137 BARONNE ST NEW ORLEANS,LA 70113	72-6000096	501(C)(3)	25,000		CASH		VARIOUS
KEEP NORFOLK BEAUTIFUL 3500 A GRANBY ST NORFOLK,VA 23504	54-6001455	501(C)(3)	20,000		CASH		LOWES GRANT
KEEP NORTH CAROLINA BEAUTIFULPO BOX 6636 RALEIGH,NC 27628	57-0822023	501(C)(3)	10,000		CASH		VARIOUS
KEEP NORWALK BEAUTIFUL PO BOX 5125 125 E AVENUE NORWALK,CT 06851	05-4184700	501(C)(3)	20,000		CASH		LOWES 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 OHIO BEAUTIFULPO BOX 13135 FAIRLAWN, OH 44334	31-1775229	501(C)(3)	30,000		CASH		VARIOUS
KEEP PEARLAND BEAUTIFUL3519 LIBERTY DRIVE PEARLAND, TX 77581	76-0083606	501(C)(3)	10,000		CASH		THINK GREEN GRANT
KEEP PENNSYLVANIA BEAUTIFUL105 WEST 4TH ST GREENSBURG, PA 15601	25-1645291	501(C)(3)	11,000		CASH		CLPP GRANT
KEEP PHOENIX BEAUTIFUL 200 WEST WASHINGTON ST PHOENIX, AZ 85004	86-0456964	501(C)(3)	20,000		CASH		LOWES GRANT
KEEP SOUTHEAST OHIO BEAUTIFUL305 NORTH 5TH ST IRONTON, OH 45638	31-0714190	501(C)(3)	10,000		CASH		UPS GRANT
KEEP ST JAMES BEAUTIFUL PO BOX 855 LUTCHER, LA 70071	72-6001228	501(C)(3)	15,000		CASH		VARIOUS
KEEP STOCKWELL BEAUTIFULPO BOX 13 CLARKS HILL, IN 47983	13-6453120	501(C)(3)	18,000		CASH		LOWES GRANT
KEEP THE RESERVOIR BEAUTIFUL100 WEST CAPITOL JACKSON, MS 39269	27-4529501	501(C)(3)	10,000		CASH		VARIOUS
KEEP TRUCKEE MEADOWS BEAUTIFULPO BOX 7412 RENO, NV 89510	88-0254957	501(C)(3)	10,000		CASH		THINK GREEN GRANT
KEEP TULAROSA BEAUTIFUL609 ST FRANCIS DRIVE TULAROSA, NM 88352	85-6004061	501(C)(3)	20,000		CASH		LOWES GRANT
KEEP VIRGINIA BEAUTIFUL PO BOX 73503 RICHMOND, VA 23235	54-0831204	501(C)(3)	25,000		CASH		VARIOUS
KEEP WASHINGTON DC BEAUTIFULPO BOX 66154 WASHINGTON, DC 20035	52-2195577	501(c)(3)	18,000		CASH		LOWES GRANT
KEEP WINSTON-SALEM BEAUTIFUL650 RAMS DRIVE WINSTON SALEM, NC 27101	58-1394451	501(C)(3)	25,000		CASH		VARIOUS
KEEP YANKTON BEAUTIFUL PO BOX 406 YANKTON, SD 57078	46-0461576	501(C)(3)	10,000		CASH		VARIOUS
REGENTS OF THE UNIVERSITY OF MINNESOTAnw 5960 po box 1450 MINNEAPOLIS, MN 55485	41-6007513	501(C)(3)	14,000		CASH		WORKSHOP SUPPORT
TEMESCAL VALLEY HERITAGE FOUNDATION 27431 ENTERPRISE CIRCLE WEST TEMECULA, CA 92590	45-0464660	501(C)(3)	10,000		CASH		THINK GREEN GRANT
KEEP GLENDALE BEAUTIFUL141 N GLENDALE AVE GLENDALE, CA 91206	26-0253365	501(C)(3)	20,000		CASH		LOWES GRANT

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

2012

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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	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? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
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? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
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 Regulations 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)MATTHEW M MCKENNA PRESIDENT & CEO	(i)	248,992	95,000	5,000	0	2,491	351,483	0
	(ii)	0	0	0	0	0	0	0
(2)GAIL CUNNINGHAM SR VP	(i)	143,563	22,000	0	7,060	34,175	206,798	0
	(ii)	0	0	0	0	0	0	0
(3)SUSANNE WOODS SR VP, ENVIRONMENTAL PROGRAMIN	(i)	109,071	0	80,119	5,530	29,187	223,907	0
	(ii)	0	0	0	0	0	0	0
(4)EDMUND SKERNOLIS OFFICER	(i)	130,503	12,502	0	6,646	22,109	171,760	0
	(ii)	0	0	0	0	0	0	0
(5)REBECCA LYONS CHIEF OPERATING OFFICER	(i)	137,175	27,236	0	8,358	23,918	196,687	0
	(ii)	0	0	0	0	0	0	0
(6)SUSAN FOSTER SENIOR VICE PRESIDENT	(i)	159,715	17,000	0	8,875	38,619	224,209	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
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 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

2012

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 2013 AT THAT TIME, THE COMPENSATION COMMITTEE APPROVED THE RECOMMENDED SALARY INCREASES THAT THE PRESIDENT PROPOSED FOR KEY OFFICERS AND EMPLOYEES The President & CEO has declined salary increases in each year of his term

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, PRESIDENT AND FINANCE DIRECTOR 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
OTHER CHANGES IN NET ASSET	FORM 990, PART XI, LINE 9	$250,000 relates to 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 2012

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
2012 NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	National Planting Day In 2012, Keep America Beautiful partnered with the United States Department of Agriculture (USDA) to officially launch National Planting Day, a strategic initiative to increase native species plantings in communities across the country National Planting Day mobilizes citizens and organizations to focus on three areas of need " Increasing the number of native trees, shrubs and plants in public places, " Bringing natural, sustainable beauty to enhance communities' green infrastructure, and, " Greening vacant lots with low-maintenance indigenous plants and trees in underserved urban and rural neighborhoods National Planting Day plays a critical role in supporting our country's natural ecosystem Today, invasive species compete with and harm plant and animal communities Some 5,000 plant species have escaped into this country's natural ecosystems resulting in millions of dollars in control costs For example, purple loosestrife, which is an invasive species introduced as an ornamental plant in the U S , has aggressively spread to 48 states resulting in control costs of almost $45 million a year Because native plants require fewer resources and less maintenance, and provide positive habitats for native wildlife, the economic and social benefits are numerous In its first year, the National Planting Day program registered more than 275 organizations and engaged more than 9,000 volunteers, who planted over 11,000 native trees, 15,000 native plants and shrubs, and 65 million wildflowers and seeds indigenous to the specific bio-geographic regions Keep America Beautiful partnering organization US Composting Council joined KAB in promoting the 2012 National Planting Day In 2013, Keep America Beautiful, the USDA and the People's Garden Initiative will kick off National Planting Day at the USDA headquarters' gardens in Washington, D C

Identifier	Return Reference	Explanation
OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D	SOME OF THE OTHER MAJOR PROGRAM SERVICES INCLUDE THE FOLLOWING Ad Councıl Recyclıng Campaıgn Alcoa Recyclıng Bın Program Amerıca Recycles Day Anheuser-Busch Recyclıng Bın Program Natıonal Plantıng Day Coca-Cola Recyclıng Bın Grant Graffıtı Hurts Pepsı Recyclıng Bın Program Lıtterıng ıs Wrong Too Advertısıng Campaıgn Recyclebow l '12 Recyclemanıa Recyclıng Symposıum UPS Communıty Volunteers Grant Program Waste Management Communıtıes Grant Program Wrıgley Foundatıon Waste ın Place Educatıon Program