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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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u> _	For th	ne 2009 c	alendar	year, or tax year beginnin	g	, 2009, a	nd ending			, 20	
В	Check if	applicable.	Please	C Name of organization Ke	rnersville	Chambe	r of Con	merce	D Employ	er identification	number
		s change	use IRS label or	Doing Business As					56	0934946	
	Name c		print or	Number and street (or P O box i	f mail is not delivered to s	treet address)	Room/suite		E Telepho	ne number	
	initial re		type. See	136 E. Mounta	in Street				()		
	Termina		Specific Instruc-	City or town, state or countr			· · · · · · · · · · · · · · · · · · ·				
_			tions.	Kernersville,		-2939			G Gross red	ceipts \$ 332,	492
		ed return	F Nan	ne and address of principal office		Boyer					
ш	Application	on pending	l .	E. Mountain S		_	a NC			for affiliates? Yes	
	Toy ov	ampt status				27	= , IIC			ncluded? LYes	
÷		empt status		* (-/ (0 / ·) · · · · · · /	4947(a)(1) or 5	21			•	list (see instructio	ons)
<u>J</u>	Websi		N/A		72	1			exemption num		NC
K				oration Trust Association	Other ▶	L Year	of formation:	1968	M State of	legal domicile	NC
P	art I	Summ									
	1	Briefly de	escribe	the organization's mission	on or most signific	cant activities	Organi	Lzatio	on ot	business	and
۵	1 1	profe	SS10	nal men and wo	men joinea	togetne	er to p	oromot	te the	CIVIC a	mu
٥	9	comme	rcia	l interest of	Town of Ke	rnersvi.	lle and	ı surı	coundi	ng areas	•
Ē	l .										
Governance	2	Check this	box ▶	if the organization disconting	nued its operations or o	disposed of more	than 25% of	its net asse	ets.		
<u>م</u> 2	3			ng members of the gover		•			3		14
S	!			pendent voting members	• • •	•	l line 1b)		4	-	14
Activities	1			employees (Part V, line		500) (. a	,		5		3
Ę	1			volunteers (estimate if in	The state of the s		• • •		6		300
٩	1								7a		
	/a	Not unrol	ss unite	elated business revenue f usinessitaxable income f	rom Form-090-T	line 34	12		7b	····	
_		rice dilici	aica bi	Control AUG 1 9	Z010 191			Prior Ye	•	Current Yea	ar
Revenue		^		4	" S				L,178	217,	
	8			nd grants (Part VIII, line_1			· · ·			109,	
	9	-		e revenue (Patt VIII) intel			• •	•	3,486		
é	10			me (Part VIII, column (A)			· ·		5,776		422
				Part VIII, column (A), lines			;. · 	25.	440	222	402
	12	lotal reve	nue-a	dd lines 8 through 11 (mus	st equal Part VIII, c	olumn (A), line	12)		L,440	332,	
	13	Grants a	nd sımı	iar amounts paid (Part IX	(, column (A), line:	s 1–3)		14	1,463	12,	308
"	14	Benefits	paid to	or for members (Part IX	, column (A), line	4)					
Expenses	15	Salaries, d	other co	ompensation, employee be	nefits (Part IX, colu	mn (A), lines 5	i–10)	135	5,584	141,	242
pen	16a	Professio	nal fun	draising fees (Part IX, colu	ımn (A), line 11e)		- Calabara	name à la seive	و النب المخدودة ومواجعة إ	augn produktive die mittel wi	lustra marriana
Ã	Ь.	Total fund	draising	expenses (Part IX, columi	n (D), line 25) ▶			民族學			
	17	Other exi	penses	(Part IX, column (A), line	s 11a-11d, 11f-2	4f)		19	7,338	176,	
				Add lines 13-17 (must e			25)		7,385	329,	
				oenses. Subtract line 18 fr		<u> </u>	·		4,055	2,	681
e o					-	.	Beg	inning of Cu		End of Yea	r
Net Assets or Fund Balances	20	Total ass	ets (Pa	rt X, line 16)				173	3,276	182,	502
A B	21						` '		7,941		486
E E	22			nd balances. Subtract lir					5,335	158,	
	art II		ature		······································						
		Under pe	naities of	penury. I declare that I have ex-	amined this return, incl	uding accompany	ring schedules	and staten	nents, and to	the best of my kr	nowledge
		and belie	f, it is tru	e, correct, and complete Decla	ration of preparer (other	er than officer) is	based on all i	nformation	of which pre	parer has any kno	owledge
Sig	'n		ス	3 12. Z	3a.				811	5/2010	
He		Sign	ature of c	officer	wyn			Date	•		
пе		l' —	TUC:	\mathcal{L}	Pros. I	and + Cl	Ελ				
		 -		name and title	1 1036	<u> </u>					
_		Туре	or bun	name and title		Data	Check	if I	Dranacarla id	ontifung number	
		Preparer's			•	Date	self-		(see instruction	entifying number ons)	
Paic	t	signature	1/	2011 /do	/	8-15	emplo	yed ▶ ∐	•	,	
	parer's		15	agod July	emaor		/ /		P0058		
-	Only	Firm's na				PA		EIN		047430	
		address,		+4 / 3410 Healy	Dr.,Winst	on-Salen	n,NC 271	.0∄hone no	<u>▶ (336</u>		79
Ма	y the I	IRS discu	ıss this	return with the preparer						X Yes	No

Pa	rit III	Statement of Program Service Accomplishments
1	- /	describe the organization's mission:
		promote business development in Kernersville, NC serving the
		erests of approximately 550 business members.
2		e organization undertake any significant program services during the year which were not listed on
	•	or Form 990 or 990-EZ?
_		" describe these new services on Schedule O.
3		e organization cease conducting, or make significant changes in how it conducts, any program es?
	service	
4		" describe these changes on Schedule O. be the exempt purpose achievements for each of the organization's three largest program services by expenses
4		n 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
		ions to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 54,887 including grants of \$) (Revenue \$ 72,997)
	Spr	ing Folly - to provide an opportunity for local organizations to
		se money for their charitable causes and to provide a "quality of
	life	e" festival for the residents of Kernersville.
4h	(Code:) (Expenses \$ 10,551 including grants of \$) (Revenue \$ 13,851)
	(/
	Ker	nersville Showcase - to provide an opportunity for area businesses
	to s	show their products and services in a trade atmosphere that also
	inc.	udes a "showcase of talent" for organizations to provide entertain-
	ment	and promote their programs.
4c	(Code:) (Expenses \$ 6,976 including grants of \$) (Revenue \$ 8,675)
		lership Kernersville - to provide an educational program for
		ming community leaders to learn about all major aspects of the
		nunity, including education, economic development, regionalism,
	town	government, law enforcement, history of Kernersville, human
	serv	rices, faith community human services and leadership skills.
4d	Other p	rogram services. (Describe in Schedule O.) ses \$ including grants of \$) (Revenue \$)
40	Total n	ses \$ including grants of \$) (Revenue \$)

Pa	rt 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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other 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.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>x</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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		х
20	If "Yes," complete Schedule G, Part III. Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	$\neg \dagger$	X

Pa	rt IV Checklist of Required Schedules (continued)			
		}	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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	Х	
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		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		_
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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Pa	rt V. Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2 a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		 -
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		X
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		
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).			
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		—.
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7f 7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	**************************************	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
a	initiation rees and capital contributions included on fact vin, line 12			
	aross receipts, included on Form 350, Fait Vin, line 12, for public use of olds facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12a		

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

Sec	ction A. Governing Body and Management			
		Personal Principle S	Yes	No
1a				
þ	Enter the number of voting members that are independent			
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		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	١.		
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_	Х	Α_
6	Does the organization have members or stockholders?	6	Λ	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	70	х	
	of the governing body?	7a 7b	Λ	X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	(ESSE		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	X	20-62-610
a b	The governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	0.5		
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Int			
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
		12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"] _	. l	
	describe in Schedule O how this is done	12c	<u>^</u>	v
13	Does the organization have a written whistleblower policy?	13	X	<u>x</u>
14	Does the organization have a written document retention and destruction policy?	14	A CONTRACT	
15	Did the process for determining compensation of the following persons include a review and approval by			
	, and a second of the second o	45-		
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		********
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a		16a	2220	X
_	with a taxable entity during the year?			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c			
.0	available for public inspection. Indicate how you make these available. Check all that apply	,,(U)3 (, 11y)	
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of into	reet	
19	policy, and financial statements available to the public.	or and	ii C 3 l	
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rde of	the	
	organization.		u 10	
	•			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not co	ompensate	any o	curr	ent	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Positi	Position (check all that apply)				ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SCHEDULE ATTACHED - STATEME	NT 1									
										,
					-					
								-		
									<u> </u>	
			_							
										-

P	art VII. Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	oloy	ees	, an	d Hig	hes	t Compensate	d Employees	(continued)
	(A)	(B)		(C) (D)			(D)	(E)	(F)		
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MIS	other compensation
					-			-	_	· · · · · · · · · · · · · · · · · · ·	
								-			
		! 			_			_			
										-	
											
			_								
											
		-									
				-		-					
					_						
				}							
1b	Total					 		>	61,789		1,851
2	Total number of individuals (including but n reportable compensation from the organiza		to the	se	liste	d a	bove)	wh	o received mo	re than \$100	,000 in
3	Did the organization list any former officer employee on line 1a? If "Yes," complete So							yee	, or highest co	ompensated	Yes No
4	For any individual listed on line 1a, is the si the organization and related organizations of individual.	um of repo greater than	rtable 1 \$15	e co 0,00	mp 00?	ens: If "Y	atıon Yes,"	and con	other comper oplete Schedul	e J for such	4 X
5	Did any person listed on line 1a receive of services rendered to the organization? If "Y	or accrue (es," comp	 comp <i>lete</i> S	ens Sche	atio dul	n fr e J	om a for su	ny uch	unrelated orga person	anization for	5 X
Se	ction B. Independent Contractors										
1	Complete this table for your five highest co compensation from the organization.	mpensated	inde	per	nder	nt c	ontra	ctors	s that received	I more than \$	100,000 of
	(A) Name and business addr	ess							(B) Description of se	rvices	(C) Compensation
					-		_				
2	Total number of independent contractors (in more than \$100,000 in compensation from				ted	to th	nose I	iste	d above) who i	eceived	

Par	t Vi	Statement of Re	evenue					
					(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	1 <u>1a</u>	<u> </u>				
멸	b	Membership dues	<u>1b</u>	107,624				
its,	C	Fundraising events .	<u>1c</u>					
흹	d	Related organizations	<u>1d</u>	<u> </u>				Land Co.
Si Si	е	Government grants (contr	ributions). 1e	29,013				
er is	f	All other contributions, gifts,	grants,			<i>(1)</i>		
훈동	1	and similar amounts not inclu	ided above 1f	71,842				
들	g	Noncash contributions include	ed in lines 1a-1f: \$	9,197				
0 4	h	Total. Add lines 1a-1f		<u> </u>	217,676			
<u>g</u>				Business Code				
¥e.	2a			·	59,769			
æ	b				49,625	·		· — · · · · · · · · · · · · · · · · · ·
Ğ	C				<u></u>			
8	d				<u> </u>	 		
Ę	e	A11 11						
Program Service Revenue	t	All other program servi		L	 		Salara Canada Salara	en ann an ann an ann an an an an an an an
Δ.	g	Total. Add lines 2a-2f	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>	109,394			
	3	Investment income (income similar amounts) Income from investment of		, , , , >	5,422			
	5	Royalties		>				
	l	•	(i) Real	(ii) Personal				
	6a	Gross Rents		,				
	b							
	c	Rental income or (loss)						
	d		oss)	>				
	72	Gross amount from sales of	(i) Securities	(ii) Other			7.77	
	• •	assets other than inventory						
	Ь	Less: cost or other basis						100
	~	and sales expenses .	L					
	C	Gain or (loss)						
	d	Net gain or (loss)		<u>.</u> >			_	
ō	8a	Gross income from	fundraising		1000000			
ω	-	events (not including \$						
Š		of contributions reported						
Œ		See Part IV, line 18	а					
Other Revenu		Less: direct expenses						
δ	С	Net income or (loss) from	om fundraising e	events 🕨		London Mar Mario		
	9a	Gross income from gam	ung activities.					
		See Part IV, line 19						
·		Less: direct expenses.	b	L				
	C	Net income or (loss) fro	m gaming activ	vities ▶				
	10a	Gross sales of inve	entory, less					
		returns and allowances						
	b	Less: cost of goods so	ld , , , b	L				
	С	Net income or (loss) from	n sales of invent	ory ▶				
		Miscellaneous Reve	enue	Business Code				
	11a							
	þ	•••••		L				
	С							
	d	All other revenue						
		Total. Add lines 11a-11	ld	•				
		Total revenue. See ins		🕨	332,492			

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete co	lumn (A) but are n		plete columns (B),	(C), and (D).
	o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,243	3,243		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	9,065	9,065		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				and the second of
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	61,789	54,374	7,415	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	E 4 207	47 772	6 514	
7	Other salaries and wages	54,287	47,773	6,514	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,429		411	
9	Other employee benefits	12,411		1,489	
10	Payroll taxes	9,326	8,207	1,119	
11	Fees for services (non-employees).				
	Management				
	Legal	3,500		3,500	
	Accounting	3,300		3,300	
	Lobbying				
	Investment management fees		The second secon	to reactive and account of the second second	
	Other	30,667	30,667		
12	Advertising and promotion	18,607	18,607		
13	Office expenses	46,870	41,246	5,624	
14	Information technology	7,024		7,024	
15	Royalties				·
16	Occupancy	19,461	14,061	5,400	
17	Travel	925	925		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates	1 470	1 200	1 7 7	
22	Depreciation, depletion, and amortization.	1,479	1,302	177	
23	Insurance	4,871		4,871	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		2 005	501	
а	Telephone	4,426	3,895	531	
b	Postage	3,304	2,908	396	
c	Printing	3,138 1,562	2,761 1,562	377	
d	Dues Equipment rental and main	26,405	23,236	3,169	
e		4,022	3,538	484	
f 25	All other expenses	329,811	281,310	48,501	
26	Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			-5,551	

Pá	art X	Balance Sheet	`			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		3,092	1	(157)
	2	Savings and temporary cash investments		168,990	2	180,024
	3	Pledges and grants receivable, net			3	
	4				4	
	5	Receivables from current and former officers,	directors, trustees, key			
		employees, and highest compensated employ				
	ļ	Schedule L	· • • • · • • • • • • • • • • • • • • •		5	
Assets	6	Receivables from other disqualified persons (a	s defined under section			
		4958(f)(1)) and persons described in section				
		Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a		10a 55,126			
		other basis. Complete Part VI of Schedule D				
	Ь	Less: accumulated depreciation	10b 52,491	1,194	10c	2,635
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line		12		
	13	Investments-program-related. See Part IV, III			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must ed	qual line 34)	173,276	16	182,502
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete	e Part IV of Schedule D		21	
謹	22	Payables to current and former officers, d	lirectors, trustees, key			
Liabilities		employees, highest compensated employees	ees, and disqualified			
		persons. Complete Part II of Schedule L			22	
i	23	Secured mortgages and notes payable to unre	elated third parties		23	
	24	Unsecured notes and loans payable to unrelate		15.041	24	04 406
	25	Other liabilities Complete Part X of Schedule	r	17,941	25	24,486
	26	Total liabilities. Add lines 17 through 25	<u> </u>	17,941	26	24,486
ces		Organizations that follow SFAS 117, c complete lines 27 through 29, and lines 33	heck here ► 🗌 and and 34.			
ᆵ	27	Unrestricted net assets		155,335	27	158,016
Ba	28	Temporarily restricted net assets			28	
힏	29				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 11 and complete lines 30 through 34.	17, check here ▶ 🗌			
ts	30	Capital stock or trust principal, or current fund	is [30	
Se	31	Paid-in or capital surplus, or land, building, or	,		31	
ĕ	32	Retained earnings, endowment, accumulated in			32	
إق	33	Total net assets or fund balances		155,335	33	158,016
_	34	Total liabilities and net assets/fund balances		173,276	34	182,502

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

Form **990** (2009)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

	ernersville Chamber of Comme	rce			934946
	organizations Maintaining Donor Adv		Other Similar		
	the organization answered "Yes" to Forr			. unus or As	Countries Complete ii
		(a) Donor advised f		(b) Funds	s 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 ad funds are the organization's property, subject to the				
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be purpose conferring impermissible private benefit?	d donor advisors enefit of the dono	in writing that g	rant funds can or, or for any o	be other
Pa	t II Conservation Easements. Complete if th				
1	Purpose(s) of conservation easements held by the o	rganization (chec	k all that apply).		
•	☐ Preservation of land for public use (e.g., recreation of natural habitat		☐ Preservatio	n of an historica	ally important land area
	☐ Preservation of open space				
2	Complete lines 2a through 2d if the organization held easement on the last day of the tax year.	a qualified conse	ervation contribu	tion in the form	of a conservation
				H	eld at the End of the Tax Ye
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			. 2b	
c	Number of conservation easements on a certified his	storic structure in	cluded in (a) .		
d	Number of conservation easements included in (c) a	cquired after 8/1	7/06	2d	
3	Number of conservation easements modified, transfethe tax year ▶	erred, released, e	extinguished, or t	terminated by t	the organization during
4	Number of states where property subject to conserve	ation easement i	s located ▶		
5	Does the organization have a written policy regardin violations, and enforcement of the conservation ease				
6	Staff and volunteer hours devoted to monitoring, ins	pecting, and enfo	orcing conservat	ion easements	during the year
7	Amount of expenses incurred in monitoring, inspecti ►\$	ng, and enforcing	g conservation e	asements durir	ng the year
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	2(d) above satisfy	the requiremen	ts of section	Yes N
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of	onservation easer	ments in its reve	nue and exper	se statement, and
Dav	the organization's accounting for conservation easer III Organizations Maintaining Collections o	nents.		<u></u>	
<u> </u>	Complete if the organization answered "Ye	s" to Form 990,	Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held for provide, in Part XIV, the text of the footnote to its fin	r public exhibition ancial statement	i, education, or re s that describes	esearch in furth these items.	erance of public service
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, s s:	education, or res	search in furthe	erance of public service
	(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, his following amounts required to be reported under SF.	AS 116 relating to	these items:		
a b	Revenues included in Form 990, Part VIII, line 1 . Assets included in Form 990, Part X				

	dule D (Form 990) 2009 T III Organizations Maintain	ing Callegtians	of Aut Illotonia	-1 Tues-1	Other Circles	Page 2
3	<u> </u>		·			
3	Using the organization's acquisition collection items (check all that app		_	-	_	significant use of its
а	Public exhibition			Loan or exchanç		
b	Scholarly research		e 📙 (Other		
C	Preservation for future genera					
4	Provide a description of the organizer XIV.	zation's collection	s and explain how	w they further th	e organization's e	kempt purpose in
5	During the year, did the organization assets to be sold to raise funds rather	er than to be maint	ained as part of th	e organization's	collection?	
Pa	Escrow and Custodial A IV, line 9, or reported an				swered "Yes" to F	orm 990, Part
						ot Yes No
b	If "Yes," explain the arrangement in	Part XIV and cor	mplete the followi	ng table:		
				}		Amount
C	•				1c	
d	Additions during the year				1d	
8	Distributions during the year				1e	
f	Ending balance					Dy. Du
	Did the organization include an am If "Yes," explain the arrangement in), Part X, line 217			∐ Yes ∐ No
	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.					
		(a) Current year	(b) Prior year			k (e) Four years back
1a	Beginning of year balance					
b	Contributions					
	Net investment earnings, gains,	-				2 14 2 1 2 2
•	and losses					
d	Grants or scholarships					
e	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of	of the year end ba	lance held as:			
а	Board designated or quasi-endown	nent ▶	%			
b	Permanent endowment ▶	%				
	Term endowment ▶ %					
3a	Are there endowment funds not in thorganization by:	e possession of th	ne organization tha	at are held and a	administered for the	Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations If "Yes" to 3a(ii), are the related org				<i></i>	3a(ii)
	If "Yes" to 3a(ii), are the related org Describe in Part XIV the intended up	anizations listed a	is required on Sci	hedule R? .		3b
4	t VI Investments—Land, Bu				V line 10	
Par						40 B
	Description of investment	(a) Cost or ot (investm		is (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	, ,				
b	Buildings					
C	Leasehold improvements	. SCHED	ULE ATTAC	HED		
d	Equipment					
	Other		00 Ded V eeksee	(P) line 10(a)		
Tota	. Add lines 1a through 1e. (Column (d)	must equal Form 9:	эυ, <i>Раπ X, со</i> штп	(D), IITIE 1U(C))	<u> ▶ </u>	

Part VII. Investments—Other Securities	s See Form 990 Part X	(line 12	rage (
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
Financial derivatives			
Closely-held equity interests			
Other			
	 		
		 	
		 	
	·	 	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Relate	d. See Form 990, Part X	(, line 13.	······
(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year n	uation narket value
		<u> </u>	
			
	<u> </u>	ļ	
		 	
		 	
			
	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Pa	rt X, line 15.		
	(a) Description	. 	(b) Book value
			ļ
			
			
			
			
			
Total. (Column (b) must equal Form 990, Part X, col.		<u> </u>	<u> </u>
Part X. Other Liabilities. See Form 990,		Projectic States Architectus Attaches Total Conference Conference	Control of the Contro
1. (a) Description of liability	(b) Amount		
Federal income taxes	 		
SCHEDULE ATTACHED			
SCHEDULE ATTACHED			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	L		

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

	edule D (Form 990) 2009		Page
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Final	ncial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	9	
9 10	Total adjustments (net). Add lines 4 through 8	10	
	rt XII Reconciliation of Revenue per Audited Financial Statements With R	· · · · · · · · · · · · · · · · · · ·	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments		
a b	- Oh		
C	Donates del des et la des		
d	The state of prior year grants		
e e		2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a a			
b	Ab.		
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pai	rt XIII Reconciliation of Expenses per Audited Financial Statements With E	xpenses per Return	
1			
•	Total expenses and losses per audited financial statements	1 W-sko×	
2	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		
2 a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		
2 a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		
2 a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		
2 a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		
2 a b c d e 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		
2 a b c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e 3	
2 a b c d e 3 4 a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e 3	
2 a b c d e 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e 3	
2 a b c d e 3 4 a b c 5 Par	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e 3 4c 5 5	
2 a b c d e 3 4 a b c 5 Par	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e 3 4c 5 5 s 1a and 4; Part IV, lines 1b	
2 a b c d e 3 4 a b c 5 Par	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e 3 4c 5 5 s 1a and 4; Part IV, lines 1b	
2 a b c d e 3 4 a b c 5 Par	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e 3 4c 5 5 s 1a and 4; Part IV, lines 1b	
2 a b c d e 3 4 a b c 5 Par	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e 3 4c 5 5 s 1a and 4; Part IV, lines 1b	
2 a b c d e 3 4 a b c 5 Par	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e 3 4c 5 5 s 1a and 4; Part IV, lines 1b	
2 a b c d e 3 4 a b c 5 Par	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e 3 4c 5 5 s 1a and 4; Part IV, lines 1b	
2 a b c d e 3 4 a b c 5 Par	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e 3 4c 5 5 s 1a and 4; Part IV, lines 1b	
2 a b c d e 3 4 a b c 5 Par	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e 3 4c 5 5 s 1a and 4; Part IV, lines 1b	
2 a b c d e 3 4 a b c 5 Par	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e 3 4c 5 5 s 1a and 4; Part IV, lines 1b	
2 a b c d e 3 4 a b c 5 Par	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2e 3 4c 5 5 s 1a and 4; Part IV, lines 1b	

Schedule D (For	m 990) 2009	Pa	ge 5
Part XIV	Supplemental	Information (continued)	_
	- appromonta.	The state of the s	

	• • • • • • • • • • • • • • • • • • • •		
	• • • • • • • • • • • • • • • • • • • •		 -
			 -
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			•
	••••••		
			
	•••••		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Publi Inspection

OMB No. 1545-0047

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

Schedule I (Form 990) 2009 10 **%** □ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Employer identification number Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 56:0934946 Z. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (g) Description of non-cash assistance . (f) Method of valuation (book, FMV, appraisal, other) Cat. No. 50055P (e) Amount of non-cash assistance . . (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable Kernersville Chamber of Commerce Part | General Information on Grants and Assistance (B) EIN Enter total number of other organizations 1 (a) Name and address of organization or government Name of the organization Part II

Page 2

Schedule I (Form 990) 2008

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

(a) Type of grant or assistance	(b) Number of reciplents	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ete this part to p	rovide the informati	on required in Part	I, line 2, and any other	additional information.
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
		1			
			; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		
					Schedule I (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.



Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Kernersville Chamber of Commerce 56 +0934946 Part VI, Line 11: Form 990 is viewed by the Board of Directors at their regular August meeting before the return is filed. Part VI, Line 12a: Policy instituted in 2009 - All officers, directors and employees sign affidavits that they have no interests that could give rise to a conflict. It will be an ongoing review. Part VI, Line 15: CEO reviewed by Executive Committee, with performance appraisal interview conducted by the Board Chair and 1st Vice Chair. Other 2 employees - written review done by the CEO, who is the supervisor of both employees.

Kernersville Chamber of Commerce Kernersville, North Carolina Federal Income Tax Statements December 31, 2009

56-0934946

STATEMENT 1:

Form 990, Part VII (Page 7)

Compensation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees:

(A) NAME & TITLE	(B) AVG HOURS	(C) POSITION INDIV.DIR.	(C) KEY EMPLOYEE	(D) COMPEN- <u>SATION</u>	(F) OTHER COMP.
Chris Frantz Treasurer	1	Х			\$ 0
Tom Fitzgerald Director	0	X		0	0
Bruce Frankel Director	0	X		0	0
Helen Jennett Chairperson	0	X		0	0
John Coulter 3rd Vice Chairman	0	Х		0	0
Bruce Boyer Executive Director	40		X	61,789	1,851
Lisa Moore Director	0	X		0	0
Donna Oldham Director	0	X		0	0
Danny Jefferson 1st Vice Chairman	0	Х		0	0
Duane Long Past Chairman of the Board	0	Х		0	0
Tom McDaniel 2nd Vice Chairman	0	X		0	0
Sunni Lauten Secretary	0	Х		0	0
Ron Hefner Director	0	Х		0	0

Kernersville Chamber of Commerce Kernersville, North Carolina Federal Income Tax Statements December 31, 2009

56-0934946

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STATEMENT 1: (continued)

Form 990, Part VII (Page 7)

<u>Compensat</u>	<u>ion of Of</u>	<u>ficers, Di</u>	<u>rectors, Tr</u>	<u>ustees, ke</u>	A EMDTOA	<u>ees and</u>
Highest Co	ompensate	d Employees	<u>3</u>			
(A)	_	(B)	(C)	(C)	(D)	(F)
		AVG HOURS	POSITION	KEY	COMPEN-	OTHER
NAME &	TITLE	PER WEEK	<pre>INDIV.DIR.</pre>	<u>EMPLOYEE</u>	SATION	COMP.
Jason Gru Director	bbs	0	Х		0	0
Angela Co	llins	0	Х		0	0
Director	<u>Total</u>				\$61,789	<u>\$1,851</u>

STATEMENT 2:

<u>Form 990, Part IX, Line 2</u>: (Page 10) Specific Assistance to individuals

Awards \$ 9,065

STATEMENT 3:

Form 990, Schedule D, Part VI, Investments - Land, Buildings, and Equipment:

Description of Investment	Cost Basis	 cum. prec'n	Book Value
Furniture and fixtures Improvements	\$ 40,112 15,014	 37,670 14,821	\$ 2,442 193
<u>Total</u>	\$ 55,126	\$ 52,491	\$ 2,635

STATEMENT 4:

Form 990, Schedule D, Part X, Other Liabilities:

Credit card		\$	2,414
Deferred contract revenue			17,500
Payroll taxes W/H			4,572
	Total	Ś	24,486

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this bo filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II plete Part II unless you have already been granted an automatic 3-month extension on a	on page 2	of this for				
	Automatic 3-Month Extension of Time. Only submit original (no copies need		<u> </u>				
A corporation	on required to file Form 990-T and requesting an automatic 6-month extension—check	k this box a	nd comple	ete .►□			
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form ncome tax returns.	7004 to req	uest an e.	xtension of			
one of the relectronically returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au returns noted below (6 months for a corporation required to file Form 990-T). Howery if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed are details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file in the file of this form.	ver, you ca s 990-BL, 6 nd signed pa	nnot file I 069, or 8 age 2 (Part	Form 8868 870, group II) of Form			
Type or print	Name of Exempt Organization KERNERSVILLE CHAMBER OF COMMERCE	Employer i	dentification				
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 136 EAST MOUNTAIN STREET	·- <u>-</u>					
return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions KERNERSVILLE, NC 27284-2939							
Check type ☑ Form 990 ☐ Form 990 ☐ Form 990 ☐ Form 990	D-BL		Form 472 Form 522 Form 606 Form 887	.7 69			
Telephone If the orga If this is for the whole	s are in the care of ► BRUCE P. BOYER No. ► (336) 993-4521 FAX No. ► (336) 993 nization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN). e group, check this box ► □ . If it is for part of the group, check this box . e names and EINs of all members the extension will cover.		If ti	. ▶ □ nis is tach			
until for the ► ☑	est an automatic 3-month (6 months for a corporation required to file For AUGUST 15 , 20_10, to file the exempt organization return for the organization organization's return for: calendar year 2009_ or tax year beginning, 20, and ending	named abo	ve. The ex	tension is			
2 If this to	ax year is for less than 12 months, check reason: Initial return Final return	Change	n account	ting period			
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax y nonrefundable credits. See instructions.	3a	\$	0			
	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tants made. Include any prior year overpayment allowed as a credit.	3b		0			
c Balanc deposit	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymer). See instructions.	it 3c	\$	0			
Caution. If y for payment	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 84 instructions.	53-EO and	Form 8879	9-EO			