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Form

990Department 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

2009**Open to Public
Inspection****A** For the 2009 calendar year, or tax year beginning , and ending**B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions.**C** Name of organization**THE GREATER NORTH FULTON CHAMBER
OF COMMERCE, INC.**

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

11605 HAYNES BRIDGE ROAD

Room/suite

100

City or town, state or country, and ZIP + 4

ALPHARETTA**GA 30009****F** Name and address of principal officer**BRANDON L. BEACH****3100 BRIERFIELD ROAD****ALPHARETTA****GA 30009****D** Employer identification number**58-1157316****E** Telephone number**770-993-8806****G** Gross receipts \$**1,099,412****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)

I Tax-exempt status☒ 501(c)

(6)

(insert no)

☐ 4947(a)(1) or☐ 527**J** Website: ▶ **WWW.GNFCC.COM****H(c)** Group exemption number ▶**K** Type of organization☒ Corporation☐ Trust☐ Association☐ Other ▶**L** Year of formation**1973****M** State of legal domicile**GA****Part I Summary****1** Briefly describe the organization's mission or most significant activities

**THE GREATER NORTH FULTON CHAMBER OF COMMERCE EXISTS IN
ORDER TO ENHANCE THE QUALITY OF LIFE AND NURTURE A THRIVING
ECONOMY FOR ALL WHO LIVE, WORK, AND DO BUSINESS THERE.**

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** **56****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **56****5** Total number of employees (Part V, line 2a)**5** **12****6** Total number of volunteers (estimate if necessary)**6** **0****7a** Total gross unrelated business revenue from Part VIII, column (C), line 12**7a****b** Net unrelated business taxable income from Form 990-T, line 34**7b** **0****8** Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses Subtract line 18 from line 12**20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances Subtract line 21 from line 20

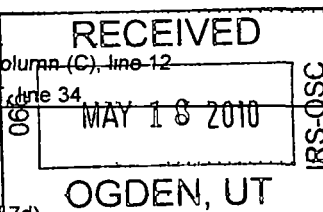
Prior Year

Current Year

1,415,718**1,076,412****5,143****3,985****18,671****18,983****1,439,532****1,099,380****760,691****615,414****691,161****527,962****1,451,852****1,143,376****-12,320****-43,996**

Beginning of Current Year

End of Year

495,657**433,808****142,936****125,083****352,721****308,725****Part II Signature Block****Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Brandon L. Beach PRES & CEO

Type or print name and title

Date

5-11-10**Paid
Preparer's
Use Only**Preparer's
signatureFirm's name (or yours
if self-employed),
address, and ZIP + 4**SANTI & ASSOCIATES, PC****3970 OLD MILTON PKWY STE 200****ALPHARETTA, GA 30005**

Date

5-11-10Check if
self-
employed ☐Preparer's identifying number
(see instructions)**P00121054**

EIN ▶

58-2019486

Phone

no ▶ 770-623-4440

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

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

Form **990** (2009)

DAA

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

THE GREATER NORTH FULTON CHAMBER OF COMMERCE EXISTS IN ORDER TO ENHANCE THE QUALITY OF LIFE AND NURTURE A THRIVING ECONOMY FOR ALL WHO LIVE, WORK, AND DO BUSINESS THERE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code) (Expenses \$ 767,177 including grants of \$) (Revenue \$ 1,099,380)

THE CHAMBER PROMOTES MEMBERSHIP DEVELOPMENT IN ORDER TO EXPAND ITS INFLUENCE AND EFFECTIVENESS. THE CHAMBER ACTIVELY RECRUITS NEW MEMBERS AND SERVICES THE NEEDS OF EXISTING MEMBERS. THE CHAMBER HOSTS NUMEROUS EVENTS IN ORDER TO PROMOTE MEMBERSHIP, FOSTER MEMBERSHIP UNITY, FACILITATE BUSINESS TO BUSINESS NETWORKING, AND TO ENCOURAGE COLLABORATION ON ISSUES WHICH DIRECTLY AFFECT THE GREATER NORTH FULTON COMMUNITY. THE CHAMBER WORKS WITHIN THE PRIVATE AND PUBLIC SECTORS TO FOSTER AN ECONOMIC ENVIRONMENT WHICH PROMOTES QUALITY ECONOMIC AND COMMUNITY GROWTH. THE CHAMBER HOSTS VARIOUS EVENTS TO

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 767,177

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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
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		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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		X
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	X	
• 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 related 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	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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		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		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		X
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		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		X
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		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part 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		X
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		X
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		X
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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		
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		
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		X
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		X
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		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c 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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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		X
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	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		X
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		
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		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.		
2b	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 this return (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	56	
1b Enter the number of voting members that are independent	56	
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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11a Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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	X	
b Other officers or key employees of the organization	X	
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?		X
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?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **GA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **GREATER NORTH FULTON CHAMBER** **11605 HAYNES BRIDGE RD**

ALPHARETTA

GA 30009

770-993-8806

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 compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
J. DAVIS ADAMS DIRECTOR		X						0	0	0
KERRY ARMSTRONG DIRECTOR		X						0	0	0
LLOYD ATKINS DIRECTOR		X						0	0	0
PHIL BALDWIN DIRECTOR		X						0	0	0
BILL BLAND DIRECTOR		X						0	0	0
MOSES BROWN DIRECTOR		X						0	0	0
MARK BURKHALTER DIRECTOR		X						0	0	0
WENDY BUTLER DIRECTOR		X						0	0	0
KENNETH C. CORNELIUS DIRECTOR		X						0	0	0
KEVIN CASE DIRECTOR		X						0	0	0
DAVID COULTER DIRECTOR		X						0	0	0
MICHAEL CROSS DIRECTOR		X						0	0	0
LOU DOUGLASS DIRECTOR		X						0	0	0
JASON FAZIO DIRECTOR		X						0	0	0
TIM GAFFNEY DIRECTOR		X						0	0	0
EVA GALAMBOS DIRECTOR		X						0	0	0
ALAN GOLDEN DIRECTOR/SECRETARY		X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TODD GORDON DIRECTOR		X						0	0	0
FREDA HARDAGE DIRECTOR		X						0	0	0
MARK HANCOCK DIRECTOR		X						0	0	0
GREG HEENAN DIRECTOR		X						0	0	0
PENN HODGE DIRECTOR		X						0	0	0
KEITH HOLLAND DIRECTOR		X						0	0	0
MICHAEL JACOBS DIRECTOR		X						0	0	0
LEE JOHNSON DIRECTOR		X						0	0	0
BEVERLY LANGFORD DIRECTOR		X						0	0	0
DENNIS LEONARD DIRECTOR		X						0	0	0
ARTHUR LETCHAS DIRECTOR		X						0	0	0
JOE LOCKWOOD DIRECTOR		X						0	0	0
ANDY MACKE DIRECTOR		X						0	0	0
1b Total								232,100		

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

- 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
- 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
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f	\$				
	h Total. Add lines 1a-1f					
Program Service Revenue	2a MEMBERSHIP DUES	Busn. Code	693,678	693,678		
	b MEMBERSHIP EVENTS		325,831	325,831		
	c COMMUNITY IMPROVEMENT		46,903	46,903		
	d EDUCATION & WORK DEVELOPMENT		10,000	10,000		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,076,412			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,017		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties			11,876			11,876
6a Gross Rents		(i) Real (ii) Personal				
b Less rental exps						
c Rental inc or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets		(i) Securities (ii) Other				
b Less cost or other basis & sales exps			32			
c Gain or (loss)			-32			
d Net gain or (loss)			-32	-32		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
b Less direct expenses		b				
c Net income or (loss) from fundraising events						
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						
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						
Miscellaneous Revenue		Busn. Code				
11a OTHER INCOME		7,107	7,107			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		7,107				
12 Total Revenue. See instructions		1,099,380	1,083,487	0	15,893	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	511,078	421,639	89,439	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	64,918	53,557	11,361	
10 Payroll taxes	39,418	32,520	6,898	
11 Fees for services (non-employees)				
a Management				
b Legal	201		201	
c Accounting	17,200		17,200	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	39,998	14,494	25,504	
13 Office expenses	11,123	40	11,083	
14 Information technology				
15 Royalties				
16 Occupancy	94,318		94,318	
17 Travel	3,798	2,572	1,226	
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				
22 Depreciation, depletion, and amortization	11,799		11,799	
23 Insurance				
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.)				
a CATERING & HOSPITALITY	171,354	171,354		
b OUTSIDE CONTRACTORS	28,652	28,652		
c COMPUTER APPLICATIONS	24,272		24,272	
d PRINTING & PRODUCTION	19,849	18,320	1,529	
e DUES & SUBSCRIPTIONS	19,139	6,874	12,265	
f All other expenses	86,259	17,155	69,104	
25 Total functional expenses. Add lines 1 through 24f	1,143,376	767,177	376,199	
26 Joint costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	31,960	1	57,085
	2 Savings and temporary cash investments	351,972	2	303,624
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	32,329	4	933
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 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	53,400	9	42,604
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 70,276		
	b Less: accumulated depreciation	10b 47,714	10c 18,996	22,562
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,000	15	7,000
16 Total assets. Add lines 1 through 15 (must equal line 34)	495,657	16	433,808	
Liabilities	17 Accounts payable and accrued expenses	28,633	17	15,953
	18 Grants payable		18	
	19 Deferred revenue	106,330	19	109,130
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	7,973	25	
	26 Total liabilities. Add lines 17 through 25	142,936	26	125,083
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> 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	352,721	32	308,725
33 Total net assets or fund balances	352,721	33	308,725	
34 Total liabilities and net assets/fund balances	495,657	34	433,808	

Part XI Financial Statements and Reporting1 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?

b Were the organization's financial statements audited by an independent accountant?

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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

**THE GREATER NORTH FULTON CHAMBER
OF COMMERCE, INC.**

Employer identification number

58-1157316

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ <u> </u>
(ii) Assets included in Form 990, Part X	▶ \$ <u> </u>

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ <u> </u>
b Assets included in Form 990, Part X	▶ \$ <u> </u>

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 XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, 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 the year end balance held as

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		70,276	47,714	22,562
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				22,562

Part XIV Supplemental Information (continued)

Area with horizontal dashed lines for supplemental information.

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2009

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Name of the Organization **THE GREATER NORTH FULTON CHAMBER
OF COMMERCE, INC.**

Employer Identification number
58-1157316

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL MAGGARD DIRECTOR/CEO		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
CONNIE MCINTYRE DIRECTOR		<input checked="" type="checkbox"/>						0	0	0
ROBERT MIMMS DIRECTOR		<input checked="" type="checkbox"/>						0	0	0
PAUL J. MOROCHNIK DIRECTOR		<input checked="" type="checkbox"/>						0	0	0
ALVIN P. NASH DIRECTOR		<input checked="" type="checkbox"/>						0	0	0
ADAM ORKIN DIRECTOR		<input checked="" type="checkbox"/>						0	0	0
JAY PATEL DIRECTOR		<input checked="" type="checkbox"/>						0	0	0
JOHN R. RASPER DIRECTOR		<input checked="" type="checkbox"/>						0	0	0
ROBERT J. REGUS DIRECTOR		<input checked="" type="checkbox"/>						0	0	0
FRANK ROEDL DIRECTOR		<input checked="" type="checkbox"/>						0	0	0
TEDDY RUSSELL DIRECTOR		<input checked="" type="checkbox"/>						0	0	0
KATHERINE SIMONS DIRECTOR		<input checked="" type="checkbox"/>						0	0	0
DOUG SMART DIRECTOR		<input checked="" type="checkbox"/>						0	0	0
TOM SPURLIN DIRECTOR		<input checked="" type="checkbox"/>						0	0	0
PEGGY STRACKE DIRECTOR		<input checked="" type="checkbox"/>						0	0	0
STEVEN R. STROUD DIRECTOR		<input checked="" type="checkbox"/>						0	0	0
DANNY TOMPKINS DIRECTOR		<input checked="" type="checkbox"/>						0	0	0
JERE WOOD DIRECTOR		<input checked="" type="checkbox"/>						0	0	0
BRAD BEISBIER DIRECTOR		<input checked="" type="checkbox"/>						0	0	0
NANCY DAVIS DIRECTOR		<input checked="" type="checkbox"/>						0	0	0
KENNETH DAVIS DIRECTOR		<input checked="" type="checkbox"/>						0	0	0

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the instructions for Form 990.

OMB No 1545-0047

2009

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Name of the Organization **THE GREATER NORTH FULTON CHAMBER
OF COMMERCE, INC.**

Employer Identification number
58-1157316

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **THE GREATER NORTH FULTON CHAMBER
OF COMMERCE, INC.**

Employer identification number
58-1157316

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT

BRING BUSINESS, POLITICAL, AND EDUCATIONAL LEADERS

TOGETHER TO FOSTER QUALITY GROWTH INITIATIVES.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE REVIEW COMMITTEE OF THE CHAMBER REVIEWS THE FORM 990 PRIOR TO IT BEING
FILED. ALSO, THE BOARD OF DIRECTORS IS GIVEN ACCESS TO REVIEW THE FORM 990
UPON REQUEST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION OF THE CEO IS REVIEWED AND APPROVED BY THE COMPENSATION
COMMITTEE. THE EXECUTIVE COMMITTEE WILL PERFORM A COMPENSATION STUDY OF
CEO SALARIES IN VARIOUS CHAMBER OF COMMERCE IN ORDER TO DETERMINE AN
APPROPRIATE SALARY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

COMPENSATION OF OFFICERS AND KEY PERSONNEL IS REVIEWED AND APPROVED BY THE
CEO.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **THE GREATER NORTH FULTON CHAMBER OF COMMERCE, INC.**

Employer identification number
58-1157316

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
NORTH FULTON CHAMBER OF COMMERCE 11605 HAYNES BRIDGE ROAD, SUITE 100 58-1751174 ALPHARETTA GA 30009	FOUNDATION	GA	501C3	7	N/A

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro- portionate alloc? <div>Yes No</div>		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)		<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)		<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)		<input checked="" type="checkbox"/>
h Exchange of assets		<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)		<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)		<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets		<input checked="" type="checkbox"/>
n Sharing of paid employees		<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses		<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses		<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)		<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)		<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
6	2 OFFICE DESKS	5/18/02	501			501	7 MO S/L	471	30
8	PROJECTOR	6/01/02	7,500			7,500	5 MO S/L	7,500	0
	Sold/Scrapped 12/31/09								
14	Furniture & Fixtures	1/01/85	4,343			4,343	5 MO S/L	4,343	0
15	Server	1/22/04	6,010			6,010	5 MO S/L	5,910	100
	Sold/Scrapped 8/06/09								
19	Receptionist Desk	8/25/05	2,391			2,391	5 MO S/L	1,594	478
20	14 Leather Boardroom Chairs	8/25/05	8,706			8,706	5 MO S/L	5,804	1,741
21	2 Green Lobby Chairs	8/25/05	2,363			2,363	5 MO S/L	1,575	473
22	Green Lobby Loveseat	8/25/05	1,672			1,672	5 MO S/L	1,114	335
23	6 Cubicles	11/01/05	6,000			6,000	5 MO S/L	3,800	1,200
24	Dell Desktop (C25)	2/17/05	1,176			1,176	5 MO S/L	902	235
25	Dell Desktop (C26)	2/17/05	1,176			1,176	5 MO S/L	902	235
26	Dell Desktop (C27)	2/17/05	962			962	5 MO S/L	737	193
	Sold/Scrapped 12/31/09								
27	Multi-function Laser Printer	3/08/05	748			748	5 MO S/L	573	150
28	Dell Desktop (C28)	6/20/05	947			947	5 MO S/L	663	189
29	Dell Desktop (C29)	6/20/05	1,161			1,161	5 MO S/L	813	232
31	Dell Desktop (C31)	10/26/05	1,071			1,071	5 MO S/L	678	214
32	Dell Desktop (C32)	10/26/05	1,071			1,071	5 MO S/L	678	214
33	Dell Desktop (C30)	10/26/05	1,338			1,338	5 MO S/L	848	267
34	Dell Dimension 200 (C24)	1/04/05	2,260			2,260	5 MO S/L	1,808	452
35	Sonitrol Alarm System	7/19/05	4,300			4,300	5 MO S/L	2,938	860
36	Task Chairs	11/01/05	550			550	5 MO S/L	348	110
37	Break Room Table	11/01/05	500			500	5 MO S/L	317	100
38	Coffee Table	8/25/05	709			709	5 MO S/L	473	141
40	Telephone Equipment	6/06/06	4,173			4,173	5 MO S/L	2,156	835
41	Dell Inspiron 6400 Notebook	4/30/06	1,174			1,174	5 MO S/L	626	235
42	Dell Desktop Pent4 (C33)	5/31/06	1,551			1,551	5 MO S/L	802	310
43	ACT! 2006 Software	8/24/06	1,927			1,927	3 MO S/L	1,498	429
44	Dell OptiPlex 745 Desktop (C35)	9/13/07	1,399			1,399	5 MO S/L	373	280
45	Dell OptiPlex 755 Desktop (C36)	9/04/08	1,672			1,672	5 MO S/L	111	335
46	Dell OptiPlex 755 Desktop (C37)	1/21/09	1,187			1,187	5 MO S/L	0	218
47	Dell PowerEdge T610 Server	8/06/09	11,986			11,986	5 MO S/L	0	999
48	SonicWALL Internet Security Device Upgr:	8/06/09	1,103			1,103	3 MO S/L	0	153
49	Dell OptiPlex 760 Desktop (C38)	9/16/09	1,121			1,121	5 MO S/L	0	56
Total Other Depreciation			84,748			84,748		50,355	11,799
Total ACRS and Other Depreciation			84,748			84,748		50,355	11,799
Grand Totals			84,748			84,748		50,355	11,799
Less: Dispositions and Transfers			14,472			14,472		14,147	293
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			70,276			70,276		36,208	11,506

58-1157316

Depreciation Adjustment Report

All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT
Adjustments/
Preferences

There are no assets that meet the criteria of this report

Future Depreciation Report

FYE: 12/31/10

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
6	2 OFFICE DESKS	5/18/02	501	0	0
14	Furniture & Fixtures	1/01/85	4,343	0	0
19	Receptionist Desk	8/25/05	2,391	319	0
20	14 Leather Boardroom Chairs	8/25/05	8,706	1,161	0
21	2 Green Lobby Chairs	8/25/05	2,363	315	0
22	Green Lobby Loveseat	8/25/05	1,672	223	0
23	6 Cubicles	11/01/05	6,000	1,000	0
24	Dell Desktop (C25)	2/17/05	1,176	39	0
25	Dell Desktop (C26)	2/17/05	1,176	39	0
27	Multi-function Laser Printer	3/08/05	748	25	0
28	Dell Desktop (C28)	6/20/05	947	95	0
29	Dell Desktop (C29)	6/20/05	1,161	116	0
31	Dell Desktop (C31)	10/26/05	1,071	179	0
32	Dell Desktop (C32)	10/26/05	1,071	179	0
33	Dell Desktop (C30)	10/26/05	1,338	223	0
34	Dell Dimension 200 (C24)	1/04/05	2,260	0	0
35	Sonitrol Alarm System	7/19/05	4,300	502	0
36	Task Chairs	11/01/05	550	92	0
37	Break Room Table	11/01/05	500	83	0
38	Coffee Table	8/25/05	709	95	0
40	Telephone Equipment	6/06/06	4,173	834	0
41	Dell Inspiron 6400 Notebook	4/30/06	1,174	235	0
42	Dell Desktop Pent4 (C33)	5/31/06	1,551	310	0
43	ACT! 2006 Software	8/24/06	1,927	0	0
44	Dell OptiPlex745 Desktop (C35)	9/13/07	1,399	280	0
45	Dell OptiPlex 755 Desktop (C36)	9/04/08	1,672	334	0
46	Dell OptiPlex 755 Desktop (C37)	1/21/09	1,187	237	0
47	Dell PowerEdge T610 Server	8/06/09	11,986	2,397	0
48	SonicWALL Internet Security Device Upgrade	8/06/09	1,103	368	0
49	Dell OptiPlex 760 Desktop (C38)	9/16/09	1,121	224	0
Total Other Depreciation			<u>70,276</u>	<u>9,904</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>70,276</u>	<u>9,904</u>	<u>0</u>
Grand Totals			<u>70,276</u>	<u>9,904</u>	<u>0</u>

58-1157316

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>
	\$ 4,017		14		
TOTAL	\$ 4,017				

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
EMPLOYEE REIMBURSEMENT	\$ 18,159	1,912	\$ 16,247	\$
TELEPHONE	17,295	1,601	15,694	
AWARDS, GIFTS & PRIZES	12,391	9,312	3,079	
BANK CHARGES	10,215	6	10,209	
OFFICE EQUIPMENT LEASES	7,332		7,332	
POSTAGE & DELIVERY	6,726	2,724	4,002	
INSURANCE	4,112		4,112	
MAINTENANCE	3,018		3,018	
SPONSORSHIPS	2,795	45	2,750	
TAXES & LICENSES	1,398		1,398	
PAYROLL FEES	1,254	1,035	219	
CONFERENCES & MEETINGS	870	90	780	
EMPLOYEE TRAINING	694	430	264	
TOTAL	\$ 86,259	\$ 17,155	\$ 69,104	\$ 0

Form **4562**Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

**THE GREATER NORTH FULTON CHAMBER
OF COMMERCE, INC.**

Identifying number

58-1157316

Business or activity to which this form relates

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

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	11,799

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

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	11,799
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2