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# Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545 1150

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

2009

Open to Public  
Inspection**A For the 2009 calendar year, or tax year beginning** , 2009, 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**  
KENNESAW BUSINESS ASSOCIATION, INC.  
P.O. BOX 777  
KENNESAW, GA 30156

**D Employer identification number**

58-2184571

**E Telephone number**

(770) 420-1330

**F Group Exemption  
Number**

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

**G Accounting method:**  Cash  Accrual  
Other (specify) ►

**I Website:** ► WWW.KENNESAWBUSINESS.ORG**J Tax-exempt status (check only one) —  501(c) ( 6 ) (insert no)  4947(a)(1) or  527****K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return****L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ**

► \$ 176,403.

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

<b>REVENUE</b>	1 Contributions, gifts, grants, and similar amounts received	1 618.
	2 Program service revenue including government fees and contracts	2 36,790.
	3 Membership dues and assessments	3 31,455.
	4 Investment income	4 197.
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6c 19,176.
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 107,268.
<b>EXPENSES</b>	b Less: direct expenses other than fundraising expenses	6b 88,092.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8 75.
	8 Other revenue (describe ► <u>SEE STATEMENT 1</u> )	9 88,311.
	9 <b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10 20,538.
	10 Grants and similar amounts paid (attach schedule)	11
	11 Benefits paid to or for members	12
<b>NET ASSETS</b>	12 Salaries, other compensation, and employee benefits	13 12,082.
	13 Professional fees and other payments to independent contractors	14
	14 Occupancy, rent, utilities, and maintenance	15 716.
	15 Printing, publications, postage, and shipping	16 71,071.
	16 Other expenses (describe ► <u>SEE STATEMENT 3</u> )	17 104,407.
	17 <b>Total expenses</b> Add lines 10 through 16	18 -16,096.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19 32,145.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20
	20 Other changes in net assets or fund balances (attach explanation)	21 16,049.
<b>STATEMENT 2009</b>	21 Net assets or fund balances at end of year. Combine lines 18 through 20	22

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

(See the instructions for Part II.)

	<b>(A) Beginning of year</b>	<b>(B) End of year</b>
22 Cash, savings, and investments	14,513.22	16,999.
23 Land and buildings	23	
24 Other assets (describe ► <u>SEE STATEMENT 4</u> )	19,670.24	470.
25 <b>Total assets</b>	34,183.25	17,469.
26 Total liabilities (describe ► <u>SEE STATEMENT 5</u> )	2,038.26	1,420.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,145.27	16,049.

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



## Part V | Other Information (Note the statement requirements in the instrs for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity Yes  No   
**33**  X

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes Yes  No   
**34**  X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? Yes  No   
**35a**  X

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? Yes  No   
**35b**

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N Yes  No   
**36**  X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.

b Did the organization file **Form 1120-POL** for this year? Yes  No   
**37b**  X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? Yes  No   
**38a**  X

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved Yes  No   
**38b**  N/A

39 Section 501(c)(7) organizations. Enter Yes  No

a Initiation fees and capital contributions included on line 9 Yes  No   
**39a**  N/A

b Gross receipts, included on line 9, for public use of club facilities Yes  No   
**39b**  N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► **N/A**, section 4912 ► **N/A**; section 4955 ► **N/A** Yes  No   
**40a**  N/A

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I Yes  No   
**40b**

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.  
**40c**  0.

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.  
**40d**  0.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T Yes  No   
**40e**  X

41 List the states with which a copy of this return is filed ► **GA**

42a The organization's books are in care of ► **JRM MANAGEMENT SERVICES, INC.** Telephone no ► **(770) 423-1330**  
 Located at ► **P.O. BOX 777 KENNESAW GA** ZIP + 4 ► **30156**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes  No   
 If 'Yes,' enter the name of the foreign country: ► Yes  No   
**42b**  X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? Yes  No   
 If 'Yes,' enter the name of the foreign country: ► Yes  No   
**42c**  X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** Yes  No   
**43**  N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes  No   
**44**  X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes  No   
**45**  X

**Part VI**

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

**46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		
47		
48		
49a		
49b		

**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

**b** If 'Yes,' was the related organization a section 527 organization?

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
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-----	-----	-----	-----	-----

**f** Total number of other employees paid over \$100,000 ► \_\_\_\_\_

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

**d** Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

<b>Sign Here</b>	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	
	► 	Date <b>5/11/10</b>
	► <b>DAVID P. KAPCHINSKE</b> Type or print name and title	<b>TREASURER</b>

<b>Paid Preparer's Use Only</b>	Preparer's signature ► 	Date <b>5-10-10</b>	Check if self-employed ► <input type="checkbox"/> <b>N/A</b>	Preparer's Identifying Number (See instructions) <b>N/A</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <b>ALLEN &amp; COMPANY, PC</b>	EIN <b>N/A</b>	Phone no ► <b>(770) 428-6229</b>	
	► <b>1350 WOOTEN LAKE RD NW STE 206</b> <b>KENNESAW, GA 30144-1346</b>			

May the IRS discuss this return with the preparer shown above? See instructions

**BAA**

►  **Yes**  **No**

Form 990-EZ (2009)

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization

**Employer identification number**

KENNESAW BUSINESS ASSOCIATION, INC.

58-2184571

## Part I

**Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part

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

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government g
<input type="checkbox"/> Internet and email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

**2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

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

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 BIG SHANTY FES (event type)	(b) Event #2 A TASTE OF KEN (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
		81,819.	25,449.		107,268.
1	Gross receipts				
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	81,819.	25,449.		107,268.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	5,981.			5,981.
	8 Entertainment	2,350.	1,212.		3,562.
	9 Other direct expenses	48,255.	30,294.		78,549.
10	Direct expense summary Add lines 4- through 9 in column (d)				88,092.
11	Net income summary. Combine lines 3, column (d) and line 10				19,176.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
1	Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)				
8	Net gaming income summary Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? \_\_\_\_\_

b If 'No,' explain:

-----

YES	NO
9a	

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

b If 'Yes,' explain:

-----

10a	
11	

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? \_\_\_\_\_

12	
----	--

	YES	NO
13a	%	
13b	%	

13 Indicate the percentage of gaming activity operated in:

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

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

Name: ► \_\_\_\_\_

Address: ► \_\_\_\_\_

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

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.

c If 'Yes,' enter name and address of the third party:

Name: ► \_\_\_\_\_

Address: ► \_\_\_\_\_

16 Gaming manager information

Name: ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

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

17a



2009

## FEDERAL STATEMENTS

PAGE 1

KENNESAW BUSINESS ASSOCIATION, INC.

58-2184571

**STATEMENT 1  
FORM 990-EZ, PART I, LINE 8  
OTHER REVENUE**

ADMINISTRATIVE FEES .

TOTAL \$ 75.**STATEMENT 2  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID**

DONEE'S NAME:	KENNESAW MUSEUM FOUNDATION	
DONEE'S ADDRESS:	P.O. BOX 846	
RELATIONSHIP OF DONEE:	KENNESAW, GA 30156	
CASH AMOUNT GIVEN:	NONPROFIT ORGANIZATION	\$ 3,750.
CLASS OF ACTIVITY:	NONPROFIT ORGANIZATION	
DONEE'S NAME:	LITTLE GENERAL CLOGGERS	
DONEE'S ADDRESS:	P.O. BOX 43	
RELATIONSHIP OF DONEE:	KENNESAW, GA 30156	
CASH AMOUNT GIVEN:	NONPROFIT ORGANIZATION	\$ 800.
CLASS OF ACTIVITY:	SCHOLARSHIP RECIPIENT	
DONEE'S NAME:	CHELSEA OWENS	
RELATIONSHIP OF DONEE:	KENNESAW, GA	
CASH AMOUNT GIVEN:	SCHOLARSHIP RECIPIENT	\$ 300.
CLASS OF ACTIVITY:	SCHOLARSHIP RECIPIENT	
DONEE'S NAME:	NIVI EL	
RELATIONSHIP OF DONEE:	KENNESAW, GA	
CASH AMOUNT GIVEN:	SCHOLARSHIP RECIPIENT	\$ 300.
CLASS OF ACTIVITY:	SCHOLARSHIP RECIPIENT	
DONEE'S NAME:	REBECCA JONES	
RELATIONSHIP OF DONEE:	KENNESAW, GA	
CASH AMOUNT GIVEN:	SCHOLARSHIP RECIPIENT	\$ 300.
CLASS OF ACTIVITY:	SCHOLARSHIP RECIPIENT	
DONEE'S NAME:	KIMBERLY MACDONALD	
RELATIONSHIP OF DONEE:	KENNESAW, GA	
CASH AMOUNT GIVEN:	SCHOLARSHIP RECIPIENT	\$ 300.
CLASS OF ACTIVITY:	PUBLIC SCHOOL	
DONEE'S NAME:	HARRISON HIGH SCHOOL	
DONEE'S ADDRESS:	4500 DUE WEST ROAD	
RELATIONSHIP OF DONEE:	KENNESAW, GA 30152	
CASH AMOUNT GIVEN:	PUBLIC SCHOOL	\$ 500.

**STATEMENT 2 (CONTINUED)**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	PUBLIC SCHOOL	
DONEE'S NAME:	KENNESAW MOUNTAIN HIGH SCHOOL	
DONEE'S ADDRESS:	1898 KENNESAW DUE WEST ROAD	
RELATIONSHIP OF DONEE:	KENNESAW, GA 30152	
CASH AMOUNT GIVEN:		\$ 2,200.
CLASS OF ACTIVITY:	PUBLIC SCHOOL	
DONEE'S NAME:	NORTH COBB HIGH SCHOOL	
DONEE'S ADDRESS:	3400 HIGHWAY 293 NORTH	
RELATIONSHIP OF DONEE:	KENNESAW, GA 30144	
CASH AMOUNT GIVEN:		\$ 1,400.
CLASS OF ACTIVITY:	PUBLIC SCHOOL	
DONEE'S NAME:	HAYES ELEMENTARY SCHOOL	
DONEE'S ADDRESS:	1501 KENNESAW DUE WEST ROAD	
RELATIONSHIP OF DONEE:	KENNESAW, GA 30144	
CASH AMOUNT GIVEN:		\$ 350.
CLASS OF ACTIVITY:	SCHOLARSHIP RECIPIENT	
DONEE'S NAME:	EDDIE CLARK	
RELATIONSHIP OF DONEE:	KENNESAW, GA	
CASH AMOUNT GIVEN:		\$ 300.
CLASS OF ACTIVITY:	PUBLIC SCHOOL	
DONEE'S NAME:	MCCLURE MIDDLE SCHOOL	
DONEE'S ADDRESS:	3660 OLD STILESBORO ROAD	
RELATIONSHIP OF DONEE:	KENNESAW, GA 30152	
CASH AMOUNT GIVEN:		\$ 350.
CLASS OF ACTIVITY:	PUBLIC SCHOOL	
DONEE'S NAME:	PINE MOUNTAIN MIDDLE SCHOOL	
DONEE'S ADDRESS:	2720 PINE MOUNTAIN CIRCLE	
RELATIONSHIP OF DONEE:	KENNESAW, GA 30152	
CASH AMOUNT GIVEN:		\$ 350.
CLASS OF ACTIVITY:	PUBLIC SCHOOL	
DONEE'S NAME:	AWTREY MIDDLE SCHOOL	
DONEE'S ADDRESS:	3601 NOWLIN ROAD, NW	
RELATIONSHIP OF DONEE:	KENNESAW, GA 30152	
CASH AMOUNT GIVEN:		\$ 350.
CLASS OF ACTIVITY:	PUBLIC SCHOOL	
DONEE'S NAME:	KENNESAW ELEMENTARY SCHOOL	
DONEE'S ADDRESS:	3155 JILES ROAD	
RELATIONSHIP OF DONEE:	KENNESAW, GA 30144	
CASH AMOUNT GIVEN:		\$ 350.

**STATEMENT 2 (CONTINUED)**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	PUBLIC SCHOOL	
DONEE'S NAME:	CHALKER ELEMENTARY SCHOOL	
DONEE'S ADDRESS:	325 NORTH BOOTH ROAD	
RELATIONSHIP OF DONEE:	KENNESAW, GA 30144	
CASH AMOUNT GIVEN:	PUBLIC SCHOOL	\$ 350.
CLASS OF ACTIVITY:	PUBLIC SCHOOL	
DONEE'S NAME:	BULLARD ELEMENTARY SCHOOL	
DONEE'S ADDRESS:	3656 OLD STILESBORO ROAD	
RELATIONSHIP OF DONEE:	KENNESAW, GA 30152	
CASH AMOUNT GIVEN:	PUBLIC SCHOOL	\$ 350.
CLASS OF ACTIVITY:	PUBLIC SCHOOL	
DONEE'S NAME:	LEWIS ELEMENTARY SCHOOL	
DONEE'S ADDRESS:	4179 JIM OWENS ROAD	
RELATIONSHIP OF DONEE:	KENNESAW, GA 30144	
CASH AMOUNT GIVEN:	PUBLIC SCHOOL	\$ 350.
CLASS OF ACTIVITY:	PUBLIC SCHOOL	
DONEE'S NAME:	BIG SHANTY ELEMENTARY SCHOOL	
DONEE'S ADDRESS:	1575 BEN KING ROAD	
RELATIONSHIP OF DONEE:	KENNESAW, GA 30144	
CASH AMOUNT GIVEN:	PUBLIC SCHOOL	\$ 350.
CLASS OF ACTIVITY:	SCHOLARSHIP RECIPIENT	
DONEE'S NAME:	GEORGE CARLTON	
RELATIONSHIP OF DONEE:	KENNESAW, GA	
CASH AMOUNT GIVEN:	SCHOLARSHIP RECIPIENT	\$ 300.
CLASS OF ACTIVITY:	SCHOLARSHIP RECIPIENT	
DONEE'S NAME:	ZACH VARTIS	
RELATIONSHIP OF DONEE:	KENNESAW, GA	
CASH AMOUNT GIVEN:	SCHOLARSHIP RECIPIENT	\$ 300.
CLASS OF ACTIVITY:	SCHOLARSHIP RECIPIENT	
DONEE'S NAME:	AHSON KHEN	
RELATIONSHIP OF DONEE:	KENNESAW, GA	
CASH AMOUNT GIVEN:	SCHOLARSHIP RECIPIENT	\$ 300.
CLASS OF ACTIVITY:	SCHOLARSHIP RECIPIENT	
DONEE'S NAME:	CODIE HADDEN	
RELATIONSHIP OF DONEE:	KENNESAW, GA	
CASH AMOUNT GIVEN:	SCHOLARSHIP RECIPIENT	\$ 300.

**STATEMENT 2 (CONTINUED)**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

DONEE'S NAME:	COBB CHAMBER OF COMMERCE	
DONEE'S ADDRESS:	240 INTERSTATE NORTH PARKWAY	
	ATLANTA, GA 30339	
RELATIONSHIP OF DONEE:	NONPROFIT ORGANIZATION	
CASH AMOUNT GIVEN:		\$ 1,500.
CLASS OF ACTIVITY:	PUBLIC SCHOOL	
DONEE'S NAME:	PITNER ELEMENTARY SCHOOL	
DONEE'S ADDRESS:	4575 WADE GREEN ROAD	
	ACWORTH, GA 30102	
RELATIONSHIP OF DONEE:	PUBLIC SCHOOL	
CASH AMOUNT GIVEN:		\$ 400.
CLASS OF ACTIVITY:	PUBLIC SCHOOL	
DONEE'S NAME:	PALMER MIDDLE SCHOOL	
DONEE'S ADDRESS:	690 N. BOOTH ROAD	
	KENNESAW, GA 30144	
RELATIONSHIP OF DONEE:	PUBLIC SCHOOL	
CASH AMOUNT GIVEN:		\$ 350.
CLASS OF ACTIVITY:	SCHOLARSHIP RECIPIENT	
DONEE'S NAME:	CODY SCOTT	
	KENNESAW, GA	
RELATIONSHIP OF DONEE:	SCHOLARSHIP RECIPIENT	
CASH AMOUNT GIVEN:		\$ 300.
CLASS OF ACTIVITY:	NONPROFIT ORGANIZATION	
DONEE'S NAME:	HORIZON FIELD	
DONEE'S ADDRESS:	4000 SOUTH MAIN STREET	
	ACWORTH, GA 30101	
RELATIONSHIP OF DONEE:	NONPROFIT ORGANIZATION	
CASH AMOUNT GIVEN:		\$ 500.
CLASS OF ACTIVITY:	SCHOLARSHIP RECIPIENT	
DONEE'S NAME:	SCOTTY FREEMAN	
	KENNESAW, GA	
RELATIONSHIP OF DONEE:	SCHOLARSHIP RECIPIENT	
CASH AMOUNT GIVEN:		\$ 300.
CLASS OF ACTIVITY:	SCHOLARSHIP RECIPIENT	
DONEE'S NAME:	TAYLORD CRAWFORD	
	KENNESAW, GA	
RELATIONSHIP OF DONEE:	SCHOLARSHIP RECIPIENT	
CASH AMOUNT GIVEN:		\$ 300.
CLASS OF ACTIVITY:	BUSINESS AWARD RECIPIENT	
DONEE'S NAME:	LILLIE GLASSBLOWERS	
DONEE'S ADDRESS:	3431 LAKE DRIVE, SW	
	SMYRNA, GA 30082	
RELATIONSHIP OF DONEE:	BUSINESS AWARD RECIPIENT	
CASH AMOUNT GIVEN:		\$ 460.

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KENNESAW BUSINESS ASSOCIATION, INC.

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**STATEMENT 2 (CONTINUED)**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	NONPROFIT ORGANIZATION
DONEE'S NAME:	NORTH COBB CIVITAN CLUB
DONEE'S ADDRESS:	3400 MCCOLLUM PARKWAY, NW
RELATIONSHIP OF DONEE:	KENNESAW, GA 30144
CASH AMOUNT GIVEN:	NONPROFIT ORGANIZATION \$ 365.
CLASS OF ACTIVITY:	SPONSORSHIP RECIPIENT
DONEE'S NAME:	MISS COBB COUNTY PAGEANT
DONEE'S ADDRESS:	2245 CALLAWAY ROAD
RELATIONSHIP OF DONEE:	MARIETTA, GA 30008
CASH AMOUNT GIVEN:	SPONSORSHIP RECIPIENT \$ 300.
CLASS OF ACTIVITY:	SPONSORSHIP RECIPIENT
DONEE'S NAME:	ATLANTA BUSINESS CHRONICLE GROWTH EXPO
DONEE'S ADDRESS:	TWO GALLERIA PARKWAY
RELATIONSHIP OF DONEE:	ATLANTA, GA 30339
CASH AMOUNT GIVEN:	SPONSORSHIP RECIPIENT \$ 263.
CLASS OF ACTIVITY:	PUBLIC SCHOOL
DONEE'S NAME:	ALLATOONA HIGH SCHOOL
DONEE'S ADDRESS:	3300 DALLAS ACWORTH HIGHWAY
RELATIONSHIP OF DONEE:	ACWORTH, GA 30101
CASH AMOUNT GIVEN:	PUBLIC SCHOOL \$ 400.
CLASS OF ACTIVITY:	SCHOLARSHIP RECIPIENT
DONEE'S NAME:	EMILY JENNINGS
RELATIONSHIP OF DONEE:	KENNESAW, GA
CASH AMOUNT GIVEN:	SCHOLARSHIP RECIPIENT \$ 300.
CLASS OF ACTIVITY:	SCHOLARSHIP RECIPIENT
DONEE'S NAME:	EMILY FORBS
RELATIONSHIP OF DONEE:	KENNESAW, GA
CASH AMOUNT GIVEN:	SCHOLARSHIP RECIPIENT \$ 300.

**STATEMENT 3**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$ 20.
ARTS AND ENTERTAINMENT	4,850.
BAD DEBTS	19,200.
BADGES AND LAPEL PINS	1,028.
BANK SERVICE FEES	110.
BUSINESS DEVELOPMENT	4,694.
CHAMBER SPONSORSHIP	217.
CREDIT CARD FEES	1,555.
DUES AND SUBSCRIPTIONS	55.
GIFT CARDS	200.
INSURANCE	882.

**2009****FEDERAL STATEMENTS****PAGE 6****KENNESAW BUSINESS ASSOCIATION, INC.****58-2184571****STATEMENT 3 (CONTINUED)  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

INTERNET SITE MAINTENANCE	\$ 1,427.
MEALS AND ENTERTAINMENT	8,314.
MEMBERSHIP DRIVE	934.
MONTHLY LUNCHEONS	23,507.
OFFICE EXPENSES	2,314.
PLAQUES	422.
PROFESSIONAL GIFTS	1,148.
SPEAKER GIFTS	194.
<b>TOTAL</b>	<b>\$ 71,071.</b>

**STATEMENT 4  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 19,670.	\$ 470.
<b>TOTAL</b>	<b>\$ 19,670.</b>	<b>\$ 470.</b>

**STATEMENT 5  
FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES DUE TO WELCOME CENTER	\$ 1,420. 618.	\$ 1,420. 0.
<b>TOTAL</b>	<b>\$ 2,038.</b>	<b>\$ 1,420.</b>

**STATEMENT 6  
FORM 990-EZ, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE ORGANIZATION IS DEVOTED TO THE IMPROVEMENT OF THE BUSINESS CONDITIONS AND COMMUNITY IN THE AREA OF KENNESAW, GEORGIA, THROUGH THE PROMOTION OF HIGHER BUSINESS STANDARDS AND BETTER BUSINESS METHODS; THROUGH THE ENCOURAGEMENT OF UNIFORMITY, NETWORKING, AND COOPERATION BY THE BUSINESS PEOPLE AND RETAIL MERCHANTS; AND IS ESTABLISHED FOR THE ENCOURAGEMENT OF THE USE OF GOODS AND SERVICES FOR THE KENNESAW LOCALITY AND THE MEMBERS OF THE ORGANIZATION.

**STATEMENT 7  
FORM 990-EZ, PART III, LINE 28  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE ORGANIZATION PROMOTES HIGHER BUSINESS STANDARDS, BETTER BUSINESS METHODS, AND COOPERATION AMONG BUSINESS PEOPLE AND RETAIL MERCHANTS THROUGHOUT THE YEAR, IN PART, BY HOSTING MONTHLY MEMBERSHIP LUNCHEONS. THESE LUNCHEONS ARE HELD THE SECOND TUESDAY OF EACH MONTH WHERE CITIZENS FROM THE COMMUNITY AND FROM LOCAL

**STATEMENT 7 (CONTINUED)****FORM 990-EZ, PART III, LINE 28****STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

BUSINESSES SPEAK ABOUT PROMOTING HIGHER BUSINESS STANDARDS; ENCOURAGING UNIFORMITY, NETWORKING, AND COOPERATION BETWEEN BUSINESSES AND THE COMMUNITY; AND ENCOURAGING THE USE OF GOODS AND SERVICES IN THE CITY OF KENNESAW.

**STATEMENT 8****FORM 990-EZ, PART III, LINE 29****STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE ORGANIZATION PROMOTES BUSINESS DEVELOPMENT IN THE CITY OF KENNESAW, GEORGIA EACH YEAR, IN PART, BY CONTRIBUTING TO OTHER NONPROFIT ORGANIZATIONS, SCHOOLS, AND BUSINESSES TO ENABLE SUCH ORGANIZATIONS TO PROMOTE BETTER BUSINESS PRACTICES AND TO EDUCATE STUDENTS ABOUT BUSINESS IN THE COMMUNITY. THE ORGANIZATION ALSO PROVIDES SCHOLARSHIPS TO STUDENTS TO ASSIST THEM IN THEIR ACADEMIC LEARNING SO THAT THEY WILL BECOME BETTER EQUIPPED TO SERVE IN THEIR BUSINESS COMMUNITIES IN THE FUTURE.

**STATEMENT 9****FORM 990-EZ, PART III, LINE 30****STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE ORGANIZATION UNDERSTANDS THE NEED TO REWARD BUSINESS LEADERS AND STUDENTS FOR THEIR OUTSTANDING CONTRIBUTIONS TO THE COMMUNITY. AS A RESULT, THE ORGANIZATION RECOGNIZES BUSINESS LEADERS, STUDENTS, AND MONTHLY LUNCHEON SPEAKERS BY PROVIDING THEM WITH BADGES, LAPEL PINS, PLAQUES, AND VARIOUS OTHER GIFTS. THE ORGANIZATION ALSO FURTHERS ITS EXEMPT PURPOSE BY MAINTAINING AN INTERNET SITE THAT SERVES TO PROMOTE COMMUNITY EVENTS, NETWORKING EVENTS, AND PERIODIC MEMBERSHIP MEETINGS.

**STATEMENT 10****FORM 990-EZ, PART III, LINE 31****STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
THE ORGANIZATION ENCOURAGES THE USE OF GOODS AND SERVICES IN THE CITY OF KENNESAW, GEORGIA THROUGHOUT THE YEAR, IN PART, THROUGH THE "ARTS AND ENTERTAINMENT" PROGRAM. THIS PROGRAM SELLS TABLE SPONSORS FOR THE KENNESAW SUMMER CONCERT SERIES. THE ORGANIZATION SPONSORS \$500 EACH YEAR AND DONATES THE REMAINING PROCEEDS TO THE CITY OF KENNESAW TO OFFSET THE COST OF SUCH CONCERTS. INCLUDES FOREIGN GRANTS: NO		4,850.

THE ORGANIZATION PROMOTES BUSINESS DEVELOPMENT IN THE CITY OF KENNESAW, GEORGIA THROUGHOUT THE YEAR, IN PART, BY HOSTING LUNCHEON NETWORKING EVENTS THAT ARE HELD EVERY FIFTH TUESDAY IN A MONTH AND BY HOSTING BREAKFAST

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**STATEMENT 10 (CONTINUED)**  
**FORM 990-EZ, PART III, LINE 31**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
NETWORKING EVENTS HELD APPROXIMATELY SIX TIMES PER YEAR. THESE EVENTS ENABLE BUSINESS LEADERS TO PROMOTE THEIR BUSINESSES, THEREBY INCREASING BUSINESS DEVELOPMENT IN THE COMMUNITY.		4,607.
INCLUDES FOREIGN GRANTS: NO		
THE ORGANIZATION PROMOTES BUSINESS DEVELOPMENT IN THE CITY OF KENNESAW, GEORGIA THROUGHOUT THE YEAR, IN PART, BY HOSTING THE "ALIVE AFTER FIVE" NETWORKING EVENT. THIS EVENT IS HELD APPROXIMATELY ONCE A MONTH AND FACILITATES MEMBERS AND THEIR GUESTS IN PROMOTING THEIR BUSINESSES.		88.
INCLUDES FOREIGN GRANTS: NO		
	TOTAL \$ <u>0.</u>	\$ <u>9,545.</u>

**STATEMENT 11**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JEFF DROBNEY P.O. BOX 846 KENNESAW, GA 30156	PRESIDENT \$ 5.00	0.	\$ 0.	0.
MARLON LONGACRE P.O. BOX KENNESAW, GA 30156	VICE PRESIDENT 1.00	0.	0.	0.
WILLIAM WATSON P.O. BOX 777 KENNESAW, GA 30156	SECRETARY 3.00	0.	0.	0.
DAVID KAPCHINSKE 107 WEATHERSTON DR., STE. 520 WOODSTOCK, GA 30188	TREASURER 2.00	0.	0.	0.
KEVIN JABBARI P.O. BOX 1807 KENNESAW, GA 30156	1.00	0.	0.	0.
KIM PEREZ 2414 DALLAS HIGHWAY MARIETTA, GA 30064	1.00	0.	0.	0.

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KENNESAW BUSINESS ASSOCIATION, INC.

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**STATEMENT 11 (CONTINUED)**  
**FORM 990-EZ, PART IV**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
WILLIAM QUINNEY 3929 CANTON ROAD MARIETTA, GA 30066	1.00	\$ 0.	\$ 0.	\$ 0.
MALCOLM WOODS 3815 CHEROKEE STREET KENNESAW, GA 30144	1.00	0.	0.	0.
ROBERT FOX 2529 J.O. STEPHENSON AVENUE KENNESAW, GA 30144	1.00	0.	0.	0.
MICHAEL EVERHART 1555 WILLIAMS DRIVE, SUITE 110 MARIETTA, GA 30066	1.00	0.	0.	0.
LINDA DEMERY 101 CHURCH STREET, SUITE 175 MARIETTA, GA 30060	1.00	0.	0.	0.
JEANNIE RIEKE P.O. BOX 2314 KENNESAW, GA 30156	1.00	0.	0.	0.
JOHN LOUD 975 COBB PLACE BLVD., STE. 317 KENNESAW, GA 30144	1.00	0.	0.	0.
BILLY RICHARDSON 1898 KENNESAW DUE WEST ROAD KENNESAW, GA 30156	1.00	0.	0.	0.
DAVID GRANT 2571 BAKER ROAD, STE. 140 ACWORTH, GA 30101	1.00	0.	0.	0.
CRIS WELSH 2847 SOUTH MAIN STREET KENNESAW, GA 30144	1.00	0.	0.	0.
<b>TOTAL</b>		<b>\$ 0.</b>	<b>\$ 0.</b>	<b>\$ 0.</b>