



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department 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.

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See Specific Instructions. 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

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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.)

REVENUE	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	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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"/>	6	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	107,268.
6b	Less: direct expenses other than fundraising expenses	6b	88,092.	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	19,176.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ SEE STATEMENT 1)	8	75.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	88,311.	
EXPENSES	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 2	10	20,538.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	12,082.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	716.
	16	Other expenses (describe ▶ SEE STATEMENT 3)	16	71,071.
	17	Total expenses. Add lines 10 through 16	17	104,407.
NET ASSETS OR FUND BALANCES	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-16,096.
	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)	19	32,145.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	16,049.

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.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	14,513.	16,999.
23	Land and buildings		
24	Other assets (describe ▶ SEE STATEMENT 4)	19,670.	470.
25	Total assets	34,183.	17,469.
26	Total liabilities (describe ▶ SEE STATEMENT 5)	2,038.	1,420.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,145.	16,049.

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

Form 990-EZ (2009)

128

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a 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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/A		
39 Section 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on line 9 39 a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39 b N/A		
40 a 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		
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 40 b		
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.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 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 40 e		X
41 List the states with which a copy of this return is filed ▶ GA		

42 a 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)?
 If 'Yes,' enter the name of the foreign country: **▶**

	Yes	No
42 b		X
42 c		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.?
 If 'Yes,' enter the name of the foreign country: **▶**

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 **▶** ☐ N/A

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		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

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
- 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.'

	Yes	No
46		
47		
48		
49a		
49b		

(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

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

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

Sign Here

Signature of officer: David P. Kapchinske Date: 5/11/10

Type or print name and title: DAVID P. KAPCHINSKE TREASURER

Paid Preparer's Use Only

Preparer's signature: Michael R. Allen Date: 5-10-10

Firm's name (or yours if self-employed), address, and ZIP + 4: ALLEN & COMPANY, PC
1350 WOOTEN LAKE RD NW STE 206
KENNESAW, GA 30144-1346

Check if self-employed: ☐ Preparer's Identifying Number (See instructions): N/A

EIN: N/A

Phone no: (770) 428-6229

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

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

Open to Public Inspection

Name of the organization

KENNESAW BUSINESS ASSOCIATION, INC.

Employer identification number

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 grants |
| <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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

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))
1	Gross receipts	81,819.	25,449.		107,268.
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:

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

b If 'Yes,' explain.

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?

	YES	NO
9 a		
10 a		
11		
12		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ _____

Address: ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****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?**17a****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. ▶ \$ _____

SCHEDULE L
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Transactions with Interested Persons**

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009**Open to Public
Inspection**

Name of the organization

KENNESAW BUSINESS ASSOCIATION, INC.

Employer identification number

58-2184571

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				► \$						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JRM MANAGEMENT SERVICES, INC.	OFFICER IS A KEY E	22,800.	MANAGEMENT FEES		X
JRM MANAGEMENT SERVICES, INC.	OFFICER IS A KEY E	1,236.	INTERNET SITE MAINTENANCE		X
JRM MANAGEMENT SERVICES, INC.	OFFICER IS A KEY E	14,399.	SPECIAL EVENT BONUS	X	

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

KENNESAW BUSINESS ASSOCIATION, INC.

58-2184571

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

ADMINISTRATIVE FEES .

TOTAL \$ 75.
\$ 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	
	KENNESAW, GA 30156	
RELATIONSHIP OF DONEE:	NONPROFIT ORGANIZATION	
CASH AMOUNT GIVEN:		\$ 3,750.
CLASS OF ACTIVITY:	NONPROFIT ORGANIZATION	
DONEE'S NAME:	LITTLE GENERAL CLOGGERS	
DONEE'S ADDRESS:	P.O. BOX 43	
	KENNESAW, GA 30156	
RELATIONSHIP OF DONEE:	NONPROFIT ORGANIZATION	
CASH AMOUNT GIVEN:		\$ 800.
CLASS OF ACTIVITY:	SCHOLARSHIP RECIPIENT	
DONEE'S NAME:	CHELSEA OWENS	
	KENNESAW, GA	
RELATIONSHIP OF DONEE:	SCHOLARSHIP RECIPIENT	
CASH AMOUNT GIVEN:		\$ 300.
CLASS OF ACTIVITY:	SCHOLARSHIP RECIPIENT	
DONEE'S NAME:	NIVI EL	
	KENNESAW, GA	
RELATIONSHIP OF DONEE:	SCHOLARSHIP RECIPIENT	
CASH AMOUNT GIVEN:		\$ 300.
CLASS OF ACTIVITY:	SCHOLARSHIP RECIPIENT	
DONEE'S NAME:	REBECCA JONES	
	KENNESAW, GA	
RELATIONSHIP OF DONEE:	SCHOLARSHIP RECIPIENT	
CASH AMOUNT GIVEN:		\$ 300.
CLASS OF ACTIVITY:	SCHOLARSHIP RECIPIENT	
DONEE'S NAME:	KIMBERLY MACDONALD	
	KENNESAW, GA	
RELATIONSHIP OF DONEE:	SCHOLARSHIP RECIPIENT	
CASH AMOUNT GIVEN:		\$ 300.
CLASS OF ACTIVITY:	PUBLIC SCHOOL	
DONEE'S NAME:	HARRISON HIGH SCHOOL	
DONEE'S ADDRESS:	4500 DUE WEST ROAD	
	KENNESAW, GA 30152	
RELATIONSHIP OF DONEE:	PUBLIC SCHOOL	
CASH AMOUNT GIVEN:		\$ 500.

KENNESAW BUSINESS ASSOCIATION, INC.

58-2184571

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

KENNESAW BUSINESS ASSOCIATION, INC.

58-2184571

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

KENNESAW BUSINESS ASSOCIATION, INC.

58-2184571

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.

KENNESAW BUSINESS ASSOCIATION, INC.

58-2184571

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

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.
TOTAL	\$	<u>71,071.</u>

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

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

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

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

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

KENNESAW BUSINESS ASSOCIATION, INC.

58-2184571

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.		4,850.

INCLUDES FOREIGN GRANTS: NO

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

KENNESAW BUSINESS ASSOCIATION, INC.

58-2184571

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	\$ 0.	\$ 9,545.

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.

KENNESAW BUSINESS ASSOCIATION, INC.

58-2184571

STATEMENT 11 (CONTINUED)
 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
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.
TOTAL		\$ 0.	\$ 0.	\$ 0.