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Return of Organization Exempt From Income Tax

2010

Department of the Treasury
Internal Revenue ServiceUnder 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

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning		, 2010, and ending	
B Check if applicable		D Employer Identification Number	
<input type="checkbox"/> Address change		58-2184571	
<input type="checkbox"/> Name change		E Telephone number	
<input type="checkbox"/> Initial return		(770) 420-1330	
<input type="checkbox"/> Terminated		G Gross receipts \$	
<input type="checkbox"/> Amended return		218,958.	
<input type="checkbox"/> Application pending		F Name and address of principal officer	
		SAME AS C ABOVE	
I Tax-exempt status		H(a) Is this a group return for affiliates?	
501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ▶ (insert no)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4947(a)(1) or 527		H(b) Are all affiliates included?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		If 'No,' attach a list (see instructions)	
J Website: ► WWW.KENNESAWBUSINESS.ORG		H(c) Group exemption number ►	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation 1975 M State of legal domicile GA	

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 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						
	2 Check this box ▶ <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets						
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3 15					
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 15					
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 0					
	6 Total number of volunteers (estimate if necessary)	6 0					
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.					
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.					
	RECEIVED						
	71 MAY 19 2011 IRS-OSC OGDEN, UT						
	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 12e)							
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)							
Expenses	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) ▶ 442.						
	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				
		1,340.	61,759.				
		151.	41,653.				
		104,903.	24,720.				
		67,205.	91,925.				
		12,978.	Beginning of Current Year				
		17,469.	29,027.				
		1,420.	1,420.				
		16,049.	29,027.				End of Year
			End of Year				

Not Assets or Fund Balances	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			
		Beginning of Current Year	End of Year
		17,469.	29,027.
		1,420.	0.
		16,049.	29,027.

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

Sign Here	Signature of officer		
	PHIL WHITE		
Type or print name and title		TREASURER	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHAEL R. ALLEN	<i>Michael R. Allen</i>	5-13-11		N/A
	Firm's name ▶ ALLEN & COMPANY, PC				
Firm's address ▶ 1350 WOOTEN LAKE RD NW STE 206			Firm's EIN ▶ N/A		
KENNESAW, GA 30144-1346			Phone no (770) 428-6229		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's missionSEE SCHEDULE O2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If 'Yes,' describe these new services on Schedule O.

 Yes No3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If 'Yes,' describe these changes on Schedule O.

 Yes No4 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 \$ 24,720. including grants of \$ _____) (Revenue \$ _____)

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.

4b (Code: _____) (Expenses \$ 18,584. including grants of \$ _____) (Revenue \$ 26,839.)

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 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.

4c (Code: _____) (Expenses \$ 11,480. including grants of \$ _____) (Revenue \$ _____)

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.

4d Other program services. (Describe in Schedule O)

SEE SCHEDULE O

(Expenses \$ 7,326. including grants of \$ _____) (Revenue \$ 7,465.)

4e Total program service expenses ► 62,110.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5 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	6 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	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 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	9 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	10 X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b X	
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a 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, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16 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 (see instructions)	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 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	19 X	
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20 X	
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV Checklist of Required Schedules (continued)

	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	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	22	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	23	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	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	27	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	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	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	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	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	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	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	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	4b	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).	7a	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7c	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7e	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9 Sponsoring organizations maintaining donor advised funds.	9b	
a Did the organization make any taxable distributions under section 4966?	10a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10 Section 501(c)(7) organizations. Enter	11a	
a Initiation fees and capital contributions included on Part VIII, line 12	11b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11 Section 501(c)(12) organizations. Enter	12b	
a Gross income from members or shareholders	13a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	13b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13c	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	14a	X
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	14b	
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?		
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year **1a** 15
 b Enter the number of voting members included in line 1a, above, who are independent **1b** 15

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? **2** 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? **3** X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4** X

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5** X

6 Does the organization have members or stockholders? **6** X

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **7a** X
SEE SCHEDULE O

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? **7b** X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
 a The governing body? **8a** X
 b Each committee with authority to act on behalf of the governing body? **8b** X

9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O **9** X

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

10a Does the organization have local chapters, branches, or affiliates? **10a** 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? **10b**

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **11a** X
 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 **SEE SCHEDULE O**

12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 **12a** X
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12b**
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done **12c**

13 Does the organization have a written whistleblower policy? **13** X

14 Does the organization have a written document retention and destruction policy? **14** 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 **15a** X
 b Other officers of key employees of the organization **15b** 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? **16a** 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? **16b**

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. **SEE SCHEDULE O**

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ► **JRM MANAGEMENT SERVICES, INC. P.O. BOX 777 KENNESAW GA 30156 (770) 423-1330**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organiza- tions in Schedule O)	(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			
(1) KEVIN JABBARI	1	X				0.	0.	0.
(2) KIM PEREZ	1	X				0.	0.	0.
(3) WILLIAM QUINNEY	1	X				0.	0.	0.
(4) MALCOLM WOODS	1	X				0.	0.	0.
(5) LAURA ANN HART	1	X				0.	0.	0.
(6) MICHAEL EVERHART	1	X				0.	0.	0.
(7) LINDA DEMERY	1	X				0.	0.	0.
(8) JEANNIE RIEKE	1	X				0.	0.	0.
(9) JOHN SILVA	1	X				0.	0.	0.
(10) BILLY RICHARDSON	1	X				0.	0.	0.
(11) CRIS WELSH	1	X				0.	0.	0.
(12) DANA DORRIS PRESIDENT	5		X			0.	0.	0.
(13) MARLON LONGACRE VICE PRESIDENT	1		X			0.	0.	0.
(14) WILLIAM WATSON SECRETARY	3		X			0.	0.	0.
(15) DAVID KAPCHINSKE TREASURER	2		X			0.	0.	0.
(16)								
(17)								

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(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
(18) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(19) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(20) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(21) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(22) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(23) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(24) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(25) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(26) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(27) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(28) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(29) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1b Sub-total					0.	0.	0.
c Total from continuation sheets to Part VII, Section A					0.	0.	0.
d Total (add lines 1b and 1c)					0.	0.	0.

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 ► 0

	Yes	No
3	X	
4	X	
5	X	

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 or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

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	1,340.		
	g Noncash contributions included in lns 1a-1f. \$				
h Total. Add lines 1a-1f		1,340.			
PROGRAM SERVICE REVENUE	2a MEMBERSHIP DUES & ASSESSMENTS	Business Code	27,455.	27,455.	
	b MONTHLY LUNCHEONS		26,839.	26,839.	
	c KBA-2-KBA		5,215.	5,215.	
	d ARTS AND ENTERTAINMENT		2,250.	2,250.	
	e ALIVE AFTER FIVE				
	f All other program service revenue.				
	g Total. Add lines 2a-2f		61,759.		
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		151.		151.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross Rents	(i) Real			
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
7a Gross amount from sales of assets other than inventory	(i) Securities				
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)	a	149,874.			
See Part IV, line 18	b	114,055.			
b Less: direct expenses			35,819.	35,819.	
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	Business Code				
11a ADMINISTRATIVE FEES		5,834.	5,834.		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		5,834.			
12 Total revenue. See instructions		104,903.	103,412.	0.	151.

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	20,220.	20,220.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,500.	4,500.		
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	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	15,000.		15,000.	
b Legal				
c Accounting	1,000.		1,000.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	266.			266.
13 Office expenses	1,046.		1,046.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
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				
23 Insurance	882.		882.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>MONTHLY LUNCHEONS</u>	18,584.	18,584.		
b <u>MEALS AND ENTERTAINMENT</u>	8,833.	8,833.		
c <u>BUSINESS DEVELOPMENT</u>	4,576.	4,576.		
d <u>SUPPLIES</u>	4,541.		4,541.	
e <u>ARTS AND ENTERTAINMENT</u>	2,750.	2,750.		
f All other expenses SEE SCH. O	9,727.	2,647.	6,904.	176.
25 Total functional expenses Add lines 1 through 24f	91,925.	62,110.	29,373.	442.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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	3,609.	1	5,720.	
	2 Savings and temporary cash investments	13,390.	2	20,062.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	470.	4	3,245.	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a			
	b Less: accumulated depreciation.	10b		10c	
	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		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,469.	16	29,027.		
LIABILITIES	17 Accounts payable and accrued expenses	1,420.	17		
	18 Grants payable		18		
	19 Deferred revenue		19		
	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		25		
	26 Total liabilities. Add lines 17 through 25	1,420.	26	0.	
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
		27 Unrestricted net assets	16,049.	27	29,027.
		28 Temporarily restricted net assets		28	
		29 Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here <input 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			32		
33 Total net assets or fund balances.		16,049.	33	29,027.	
34 Total liabilities and net assets/fund balances.		17,469.	34	29,027.	

BAA

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	104,903.
2 Total expenses (must equal Part IX, column (A), line 25)	2	91,925.
3 Revenue less expenses Subtract line 2 from line 1	3	12,978.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,049.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	29,027.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
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 separate basis, consolidated basis, or both.		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

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.

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 990-F7 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.

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

<input type="checkbox"/> a Mail solicitations	<input type="checkbox"/> e <input type="checkbox"/> b Internet and email solicitations	<input type="checkbox"/> f <input type="checkbox"/> c Phone solicitations	<input type="checkbox"/> g <input type="checkbox"/> d In-person solicitations	<input type="checkbox"/> h <input type="checkbox"/> e Solicitation of non-government grants
<input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j <input type="checkbox"/> k <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> n <input type="checkbox"/> o <input type="checkbox"/> p <input type="checkbox"/> q <input type="checkbox"/> r <input type="checkbox"/> s <input type="checkbox"/> t <input type="checkbox"/> u <input type="checkbox"/> v <input type="checkbox"/> w <input type="checkbox"/> x <input type="checkbox"/> y <input type="checkbox"/> z <input type="checkbox"/> <input type="checkbox"/> f Solicitation of government grants				
<input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j <input type="checkbox"/> k <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> n <input type="checkbox"/> o <input type="checkbox"/> p <input type="checkbox"/> q <input type="checkbox"/> r <input type="checkbox"/> s <input type="checkbox"/> t <input type="checkbox"/> u <input type="checkbox"/> v <input type="checkbox"/> w <input type="checkbox"/> x <input type="checkbox"/> y <input type="checkbox"/> z <input type="checkbox"/> <input type="checkbox"/> g Special fundraising events				

(i) Name and address 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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 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 column (a) through column (c))
	1 Gross receipts	106,682.	43,192.		149,874.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	106,682.	43,192.		149,874.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,828.	13,232.		20,060.
	7 Food and beverages	500.			500.
	8 Entertainment	2,730.	3,100.		5,830.
	9 Other direct expenses	58,970.	28,695.		87,665.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				114,055.
	11 Net income summary. Combine line 3, column (d), and line 10				35,819.

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 column (a) through column (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? Yes No

b If 'No,' explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in.

13a	%
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? Yes No

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

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

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)**2010**

OMB No 1545 0047

Department of the Treasury
Internal Revenue ServiceOpen to Public
InspectionName of the organization
KENNESAW BUSINESS ASSOCIATION, INC.Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.Name of the organization
KENNESAW BUSINESS ASSOCIATION, INC.Employer identification number
58-2184571**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.
Part II can be duplicated if additional space is needed ►

1 (a) Name and address of organization or government	(b) EIN	(c)IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (Book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.► 0
► 0

TEEA3901L 10/29/10

Schedule I (Form 990) 2010

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

• **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

2010

**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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2010

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
(1) JRM MANAGEMENT SERVICES, I	KEY EMPLOYEE	24,000.	MANAGEMENT FEES		X
(2) JRM MANAGEMENT SERVICES, I	KEY EMPLOYEE	21,713.	SPECIAL EVENT BONUS	X	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SUPPLEMENTAL INFORMATION

AN OFFICER OF THE ORGANIZATION IS ALSO A KEY EMPLOYEE OF THE MANAGEMENT COMPANY THAT

PROVIDES ACCOUNTING AND FUNDRAISING EVENT SERVICES TO THE ORGANIZATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

Name of the organization

KENNESAW BUSINESS ASSOCIATION, INC.

Employer identification number

58-2184571

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

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.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

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 NETWORKING EVENTS HELD APPROXIMATELY SIX TIMES PER YEAR. THESE EVENTS ENABLE BUSINESS LEADERS TO PROMOTE THEIR BUSINESSES, THEREBY INCREASING BUSINESS DEVELOPMENT IN THE COMMUNITY.

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.

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.

Name of the organization

KENNESAW BUSINESS ASSOCIATION, INC.

Employer identification number

58-2184571

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

THE GENERAL MEMBERSHIP ELECT THE BOARD OF DIRECTORS BY VOICE VOTE AT THE FIRST

GENERAL MEMBERSHIP MEETING IN SEPTEMBER OF EACH YEAR. ONLY MEMBERS IN GOOD STANDING

ARE ELIGIBLE TO HOLD OFFICE OR VOTE.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TREASURER OF THE ORGANIZATION HAS PRIMARY RESPONSIBILITY FOR REVIEWING A COPY OF

FORM 990 FOR ACCURACY AND REASONABLENESS PRIOR TO SIGNING AND FILING THE RETURN.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO DOCUMENTS AVAILABLE TO THE PUBLIC.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

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KENNESAW BUSINESS ASSOCIATION, INC.

58-2184571

FORM 990, PART IX, LINE 24F
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BAD DEBTS				
BADGES AND LAPEL PINS	466.	466.		
BANK SERVICE FEES	63.		63.	
CHAMBER SPONSORSHIP	217.	217.		
CREDIT CARD FEES	2,380.		2,380.	
DUES AND SUBSCRIPTIONS				
GIFT CARDS	300.	300.		
INTERNET SITE MAINTENANCE	191.		191.	
MEMBERSHIP DRIVE	176.			176.
PLAQUES	1,464.	1,464.		
POSTAGE AND SHIPPING	88.		88.	
PROFESSIONAL GIFTS	1,682.		1,682.	
RENTAL FEES	2,500.		2,500.	
SPEAKER GIFTS	200.	200.		
TOTAL	<u>\$ 9,727.</u>	<u>\$ 2,647.</u>	<u>\$ 6,904.</u>	<u>\$ 176.</u>