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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

<u>^</u>	For the	2013 Calendar year, or tax year beginning , 2013, and end	ng		, 20								
В	Check if	applicable C Name of organization Kernersville Chamber of Comm	erce	Employ	er identification number								
	Address	change Doing Business As		56-0	934946								
	Name cl	nange Number and street (or P O box if mail is not delivered to street address) Room/s	uite I	Telepho	ne number								
	Initial ref	um 136 E. Mountain Street	ł	336-	993-4521								
	Termina												
	Amende	ended return Kernersville, NC 27284-2939 G Gross receipts \$ 423,278											
	Applicat	ion pending F Name and address of principal officer Bruce P. Boyer			subordinates? Yes No								
	• •	136 E. Mountain St., Kernersville, NC			s included? Tyes No								
	Tax-exe	mpt status			a list (see instructions)								
J	Website		H(c) Group e	xemption	number ▶								
K		organization Corporation □ Trust □ Association □ Other ► L Year of forms			of legal domicile NC								
	art I	Summary	<u>-</u>	l									
_	1	Briefly describe the organization's mission or most significant activities: Org	anizatio	n of	business and								
ø	1												
Governance	i	professional men and women joined together to promote the civic and commercial interest of Town of Kernersville and surrounding areas.											
Ĕ	2	Check this box ▶☐ if the organization discontinued its operations or disposed											
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	15								
<u>ಇ</u>	4	Number of voting members of the governing body (Part VI, line 1b)		4	15								
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	,	5	5								
ş	6			6	300								
Activities	1	Total number of volunteers (estimate if necessary)	• • • • •	7a									
•	7a	•		7b									
	_b	Net unrelated business taxable income from Form 990-T, line 34	Prior Yea		Current Year								
		Contributions and avanta (Dort VIII line 1h)											
ne	8	Contributions and grants (Part VIII, line 1h)		942	311,359								
Revenue	9	Program service revenue (Part VIII, line 2g)		,861	111,129								
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>_</u>	<u>,211</u>	790								
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	206	014	400 070								
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		014	423,278								
	13	Grants and similar amounts paid (Part-IX, column (A), lines 1-3)	19	<u>,858</u>	18,627								
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1.50		150 500								
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	163	,444	172,582								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)											
Š	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		بزحمصيت									
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		,190	209,360								
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>,492</u>	400,569								
	19	Revenue less expenses. Subtract line 18 from line 12		<u>,522</u>	22,709								
Net Assets or	3		Beginning of Curr		End of Year								
Sets	20	Total assets (Part X, line 16)		<u>,783</u>	272,249								
¥2,5	21	Total liabilities (Part X, line 26)	21	<u>,672</u>	66,429								
Žį	22	Net assets or fund balances. Subtract line 21 from line 20	183	<u>, 111</u>	205,820								
P	art II	Signature Block											
Ur	nder pena ue, correc	alties of perjury, I declare that I have examined this return, including accompanying schedules and stat it, and complete. Declaration of preparer (other than officer) is based on all information of which prepar	ements, and to the er has any knowle	best of r	my knowledge and belief, it is								
_		Brun B. Bruns											
Sig	an	Signature of officer	Date										
	ere	1 Bruce P. Boyer Prosident + CEO	8	1.31	2014								
• • • •	,,,	Type or print name and title		<u> </u>									
		<u> </u>	Pate		PTIN								
	aid	Delah T Attringon Kold Kohana	7-18-14	Check self-emi	U if P00584762								
	epare	THE TABLE T ABUTICON COA	·										
U	se On				56-2047430 36-765-9979								
NA-	av tha II	Firm's address > 3410 Healy Dr., Winston-Salem, NC 27	IUS Phon	e no 3	36-765-9979 ▼Yes □ No								
IVIE	44 HIG II												

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	To promote business development in Kernersville, NC serving the
	interests of approximately 550 business members.
2	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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 71,276 including grants of \$) (Revenue \$ 84,835)
	Spring Folly - to provide an opportunity for local organizations to
	raise money for their charitable causes and to provide a "quality of
	life" festival for the residents of Kernersville.
	,
4b	(Code:) (Expenses \$ 27,431 including grants of \$) (Revenue \$ 58,886)
710	Downtown marketing
	2011100111 MSL11001119
4c	(Code:) (Expenses \$ 17,606 including grants of \$) (Revenue \$ 16,025)
	Leadership Kernersville - to provide an educational program for
	incoming community leaders to learn about all major aspects of the
	community, including education, economic development, regionalism,
	town government, law enforcement, history of Kernersville, human
	services, faith community human services and leadership skills.
	,
	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► \$346,164

Part IV		- C Ph	Schedules
	1.DOCKHET	AT MAAIIIPAA	L'Abadulaa

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
_	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	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		_ <u>x</u> _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		_ <u>x</u> x_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
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		х
С	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		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
ſ	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	115		<u>X</u>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
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 and XII 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
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate	14a		<u> X</u>
	foreign investments valued at \$100,000 or more? 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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		<u>x</u>
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 hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	990	
		rom	フラリ	(2013)

Part	Checklist of Required Schedules (continued)			
	Oncoming of the dame of the dame of the transfer of the dame of th		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		X
d 25a	The state of the s	24d 25a		X
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X X
С	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		Х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X 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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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,			v
38	Part VI	37	X	_ <u>X</u>

Form **990** (2013)

Part	- · · · · · · · · · · · · · · · · · · ·			г
	Check if Schedule O contains a response or note to any line in this Part V	 -	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			34
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		11.	7
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			40
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
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" to line 3b, 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	1 1		
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶		ί,	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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 as charitable contributions?	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).			3
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1.5 1
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			E
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Parallel (M
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		7
9	Sponsoring organizations maintaining donor advised funds.	200		
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		2070
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
_ b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from members or shareholders		7	
	against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	287	A Stor
	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
13	Is the organization licensed to issue qualified health plans in more than one state?	13a	Fred A.F.	W.
а	Note. See the instructions for additional information the organization must report on Schedule O.	EME.		154
b	Enter the amount of reserves the organization is required to maintain by the states in which			A.
IJ	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	200° -	X
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	ii 100, mas it med a 1 offit 720 to report those payments, ii 110, provide an explanation in deficultie of .	1 - 700		

,	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Check if Schedule O contains a response or note to any line in this Part VI				ions. X
Secti	on A. Governing Body and Management	 .	<u> </u>		
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	15			
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship or 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 dissupervision of officers, directors, or trustees, or key employees to a management company or other person?	rect	3		x
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	. [4 5		X
6 7a	Did the organization have members or stockholders?	oint	6 7a	X X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) memberstockholders, or persons other than the governing body?	. [7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken durathe year by the following:	ring [
a	The governing body?) -	8a	<u>X</u>	L
9 9	Each committee with authority to act on behalf of the governing body?	dat 🗍	8b 9	Х	х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Co	de.)	
				Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	ers,	10a		_X
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form		10b		
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11:	11a	Х	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a 12b	X X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye describe in Schedule O how this was done	· [12c	х	
13	Did the organization have a written whistleblower policy?		13		X
14 15	Did the organization have a written document retention and destruction policy?	by 📱	14	X	
а	The organization's CEO, Executive Director, or top management official	ļ -	15a	Х	1 4 7 ° 6 7
b	Other officers or key employees of the organization	_	15b	Х	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements to the second of the process of th	-			
b	with a taxable entity during the year?	its 📮	16a		X
	organization's exempt status with respect to such arrangements?	75	16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Se available for public inspection. Indicate how you made these available. Check all that apply.	ection !	501(0	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of financial statements available to the public during the tax year.		•	oolicy	, and
20	State the name, physical address, and telephone number of the person who possesses the books and recognization:	ords o	f the		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Page	7
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DIII. 000 (24.	·/				, ago .
Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest Compensated	Employees, and
	Independent Contractors	·			

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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 heither the organization nor	any relate	u orga	オロルス	auo	III CI	JIIIPE	1150	iteu ariy curreri	t officer, director	i, or trustee.
				(0	>)					
(A)	(B)	Position (do not check more that						(D)	(E)	(F)
Name and Title	Average					ı tnan d ıs both		Reportable	Reportable	Estimated
	hours per	office				or/trust			compensation from	
	week (list any hours for	악크	ਤ	Q	Ž	ΒĪ	77	from the	related organizations	other compensation
	related	d v	達	Officer	yе	항송	Former	organization	(W-2/1099-MISC)	from the
	organizations	dual	흏	7	필	st c	1 4	(W-2/1099-MISC)		organization
	below dotted line)	֓֞֞֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	al t		Key employee	ğ				and related organizations
	1	Individual trustee or director	Institutional trustee		e e	ens				organizations
	į		8			Highest compensated employee				
							_			
(1) SCHEDULE ATTACHED - STA	TEMENT	1								
-\		_								
(2)	1									
							L			
(3)					-					
	<u> </u>									
(4)										
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(6)	ļ	Į								
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(A) Name and title		(B) Average hours per week (list any	box, to	Position (do not check more the box, unless person is officer and a director/			is both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation fro related	n from	Estin	F) nated unt of her
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		fron organ and r	ensation in the ization elated zations
(15)									!				
(16)							_						
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(18)									<u></u>				
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				-							-		
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(24)													
(25)							ļ 						
1b c d	Sub-total	VII, Section	n A					► ►	73,692				2,293
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w	ho received m	ore than \$1	00,000	of	·
3	Did the organization list any former or employee on line 1a? If "Yes," complete	fficer, direc						emp	loyee, or high	est compe	nsated		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble d	con	npei	nsatio	n a s,"	nd other comp complete Sch	ensation from	om the r such		
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind	ividual		X
Section	on B. Independent Contractors												 _
1	Complete this table for your five highest compensation from the organization. Re year.	compensat port compe	ed ind nsatio	depe	end or th	ent ne c	contr alend	acto ar y	ors that receive rear ending wit	ed more that h or within t	n \$100 the org	,000 of anizatior	n's tax
	(A) Name and business add	dress							(B) Description of s	ervices	((C) Compensat	tion
													_
					_								
2	Total number of independent contractor received more than \$100,000 of compen							th	ose listed abo	ove) who	<u> </u>		

Par	VIII	Statement of Revenue					
	, , ,	Check if Schedule O contains a response	onse or note to			(0)	· · · · · ·
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
s, Grants Amounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c	136,520				7
ns, Giffts, Similar An	d e	Related organizations 1d Government grants (contributions) 1e	39,340	3.4 			
Contributions, Gift and Other Similar	f	All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$	129,559 5,940				
ğ Š	h	Total. Add lines 1a-1f	•	311,359		3,5 6 3	a far iso
_en			Business Code		4 4 4		
Program Service Revenue	2a b			40,535 70,594			
n Servic	d						
Prograr	f g	All other program service revenue . Total. Add lines 2a-2f	: >	111,129	ray make to say the		
	3	Investment income (including dividen and other similar amounts)	nds, interest,	790			
	4 5	Royalties	d proceeds ► ► (ii) Personal				
	6a b	Gross rents Less: rental expenses	(ii) i disorial				
	d 7a	Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses .					
	c d	Gain or (loss)	>		The state of the s	3 6,	
Other Revenue	8a	Gross income from fundraising events (not including \$		A Paragraphy of the Control of the C			
ther R	b	of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b				a Testing	
0		Net income or (loss) from fundraising ev	ents .			la	
		Gross income from gaming activities. See Part IV, line 19					
	С	Less: direct expenses b Net income or (loss) from gaming activition	ties ►	·	4-, 4.17		
	_	Gross sales of inventory, less returns and allowances a					
	b C	Less: cost of goods sold b Net income or (loss) from sales of invent Miscellaneous Revenue	tory >				
	11a b						
	c d	All other revenue					
	12 12	Total revenue See instructions		423,278	···· - · · · - · · · ·		<u> </u>

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	Il other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, o, 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 United States. See Part IV, line 21	2,407	2,407		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	16,220	16,220		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16		·		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	73,692	64,849	8,843	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	707032			
7	Other salaries and wages	72,390	63,704	8,686	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,355	2,952	403	
9	Other employee benefits	10,939	9,626	1,313	
10	Payroll taxes	12,206	10,741	1,465	
11	Fees for services (non-employees):				
a	Management				
b C	Legal	4,800		4,800	
d	Lobbying	4,000		4,000	
e	Professional fundraising services. See Part IV, line 17				<u> –</u>
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	46,570	46,570		
12	Advertising and promotion	31,176	31,176		
13	Office expenses	51,318	45,160	6,158	
14	Information technology	7,202		7,202	
15	Royalties				
16	Occupancy	21,429	16,029	5,400	<u> </u>
17	Travel	1,718	1,718		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21 22	Payments to affiliates	478	421	57	
23	Depreciation, depletion, and amortization . Insurance	5,562	441	5,562	
23 24	Other expenses. Itemize expenses not covered			3,302	
24	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.) Telephone	2 616	2 202	212	
a	Postage	2,616 2,174	2,303 1,913	313 261	
b		8,147	7,169	978	
d	Printing Dues	1,468	1,468	,,,,	
e	All other expenses	24,702	21,738	2,964	
25	Total functional expenses. Add lines 1 through 24e	400,569	346,164	54,405	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

Form **990** (2013)

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa			
	··-		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	5,269	1	5,283
	2	Savings and temporary cash investments	198,506	2	266,436
	3	Pledges and grants receivable, net		3	
Ş	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other 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). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
ď	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 55,126		-, ! - , <u>{</u>	A STATE OF THE STA
-	b	Less: accumulated depreciation 10b 54,596	1,008	10c	530
	11	Investments—publicly traded securities	<u> </u>	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	004 703	15	272 240
	16	Total assets. Add lines 1 through 15 (must equal line 34)	204,783	16	272,249
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	<u> </u>	19	
	20 21	Tax-exempt bond liabilities		21	
/ 0	l .	Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors,		<u>21</u>	
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
<u>.e</u>	23	·		22	
_	24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	21,672	25	66,429
	26	Total liabilities. Add lines 17 through 25	21,672		66,429
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		1	
ės		complete lines 27 through 29, and lines 33 and 34.		3	The markets of the state of
anc	27	Unrestricted net assets	183,111	27	205,820
3ak	28	Temporarily restricted net assets	•	28	
Ď	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
Š	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds.		32	
et	33	Total net assets or fund balances	183,111		205,820
Z	34	Total liabilities and net assets/fund balances	204,783		272,249

Page	1	2

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	423,27	
2	Total expenses (must equal Part IX, column (A), line 25)	2	400,56	
3	Revenue less expenses. Subtract line 2 from line 1	3	22,70	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	183,11	11
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1	225 01	٠.
_	33, column (B))	10	205,82	<u> 20</u>
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	<u>· · · · · </u>	1 1	Ш
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in	Yes	No 2
2a 	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box_below_to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:	 piled or	2a	X
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	 ed on a	2b X	
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, exchedule O.	intant?	2c X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a	X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ergo the ludits.	3b	
-			Form 990 (2	2013)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2013 Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below, Do not complete Part I-B. Section 527 organizations. Complete Part I-A only. If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990. Part IV. line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer identification number Name of organization 56-0934946 Kernersville Chamber of Commerce Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 3 Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 . 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No 3 Yes **4**a No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, . . L Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filling 5 organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (c) EIN (e) Amount of political (a) Name (b) Address (d) Amount paid from filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2)(3)(4)(5)

(6)

		10 0 1011	11000 01 000-12, 2010					1 ago
P	art	II-A	Complete if the organiza section 501(h)).	tion is exempt ι	inder section 5	01(c)(3) and file	d Form 5768 (ele	ection under
A	Cł	neck)						oup member's
			name, address, EIN, ex					
<u>B</u>	<u>Cr</u>	neck •	► ☐ if the filing organization			trol" provisions a	apply.	
				bbying Expendit			(a) Filing organization's totals	(b) Affiliated group totals
			(The term "expenditures"				organization's totals	group totals
•	1a		obbying expenditures to influer	•			<u> </u>	
	b		obbying expenditures to influer	-			<u></u>	
	C		obbying expenditures (add line	•				
	ď		exempt purpose expenditures					
	e		exempt purpose expenditures (
	T	colum	ring nontaxable amount. Ente	er the amount in	om the following	g table in both	1	
	٢					A:	1. T. 1. S.	11 15 15 15 15 15 15 15 15 15 15 15 15 1
	-		mount on line 1e, column (a) or (b		nontaxable amoun	it is:		
	H		er \$500,000		nount on line 1e. 15% of the excess	aver \$500,000		
	- 1		500,000 but not over \$1,000,000 1,000,000 but not over \$1,500,000		10% of the excess			430.24
	- 1		1,500,000 but not over \$17,000,000		5% of the excess of			
	ŀ		17,000,000 but not over \$17,000,000	\$1,000,000.	378 Of the excess C	Ver Ψ1,500,000.		
	g _		roots nontaxable amount (enter				7.53 7.63 3.43	ELECTION AND AND AND AND AND AND AND AND AND AN
_	b –		act line 1g from line 1a. If zero o		'' '-' '-'	'- ' ' ' '		
	i Subtract line 1f from line 1c. If zero or less, enter -0-							
i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720								
	•	report	ing section 4911 tax for this ye	ar?				Yes No
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)							
			Lobby	ing Expenditures	During 4-Year A	veraging Period	, -	
		Cal	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
- :	2a	Lobby	ring nontaxable amount					
	b		ving ceiling amount of line 2a, column (e))					
	c	Total	obbying expenditures					
	d		roots nontaxable amount					
	e		roots ceiling amount of line 2d, column (e))					
	f	Grass	roots lobbying expenditures					

Part	I-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	n 5768	
		(á	a)	<u> </u>	(b)
	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed iption of the lobbying activity.	Yes	No	An	nount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	1 1			
a b c d	Volunteers?			3.31.8	
e f g h	Publications, or published or broadcast statements?				
i j 2a	Other activities?			THE WAY	
. c	If "Yes," enter the amount of any tax incurred under section 4912	(5)			San
art	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), 0	or se		
1 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members?	 (5), o	r se	1 2 3 ction	Yes No X X X ine 3. is
1 2	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	$\overline{\cdot}$	1		
b c	Current year		2a 2b 2c		
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year?	the ring	3	<u> </u>	
5 Part	Taxable amount of lobbying and political expenditures (see instructions)		5		
rovid	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou B, line 1. Also, complete this part for any additional information.	up list); Par	t II-A, lir	e 2; and

	m 990 or 990-EZ) 2013	Page 4
Part IV	Supplemental Information (continued)	
•		
· <u></u>		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection Employer identification number

Ке	rnersville Chamber of Commerce	56-0934946
Par		inds or Accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year) .	
3	Aggregate grants from (during year)	
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets	hold in donor advised
3	funds are the organization's property, subject to the organization's exclusive legal conf	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gr	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or	
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Part	Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7	·
1 .	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	
	-	of a certified historic structure
	Preservation of open space	ilan in the form of a consequent
2	Complete lines 2a through 2d if the organization held a qualified conservation contribute easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	MACE:
b	Total acreage restricted by conservation easements	<u> </u>
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and no	
	historic structure listed in the National Register	1 1
3	Number of conservation easements modified, transferred, released, extinguished, or te tax year ▶	rminated by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, in	
	violations, and enforcement of the conservation easements it holds?	<u> </u>
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	n easements during the year
-	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ear	acments during the year
7	► \$	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)
-	(i) and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports conservation easements in its revenu	e and expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's f	inancial statements that describes the
	organization's accounting for conservation easements.	
Part		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in it	
1a	works of art, historical treasures, or other similar assets held for public exhibition, e	
	public service, provide, in Part XIII, the text of the footnote to its financial statements the	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	
	works of art, historical treasures, or other similar assets held for public exhibition, epublic service, provide the following amounts relating to these items:	education, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
_	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar following amounts required to be reported under SFAS 116 (ASC 958) relating to these	items:
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	<u>▶ \$</u>

Part	Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or Ol	her Similar A	lssets (co	ntinued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth							
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams		
b	☐ Scholarly research		e	Other	r				
С	☐ Preservation for future generations	3							
4	Provide a description of the organizat XIII.	tion's collections a	ind expla	in how t	hey further	the org	ganization's exc	empt purpo	se in Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tr	reasure	s, or other sim	ilar	
	assets to be sold to raise funds rather	than to be mainta	ined as p	art of the	e organizatı	ion's co	ollection? .	. 🔲 Ye	s 🗌 No
Part	IV Escrow and Custodial Arra	ingements.		` 					
	Complete if the organization 990, Part X, line 21.								Form
1a	Is the organization an agent, trustee,								
	included on Form 990, Part X?							· 🗌 Ye	es 🗌 No
Ь	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fo	llowing ta	able:			Amount	
	O a strando a trata					-		Aniount	
C	Beginning balance					10			
đ	Additions during the year					1d			
e	Distributions during the year					1e			
f-	Ending balance								- [] No
2a	Did the organization include an amount if "Yes," explain the arrangement in Pa								
Pari		art Alli. Check here	i the ex	фанаци	n nas been	provide	SU III FAIL AIII	 -	 _
ı aı	Complete if the organization	answered "Ves"	to For	n 990 P	art IV line	10			
	Complete II the organization	(a) Current year	(b) Pro		(c) Two year		(d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance	(4) 00.00.00.00	(4)	,,	(4)		(-,		
b	Contributions				<u> </u>				
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and	L— —— — 			ļ <u>-</u>				
•	programs					-			
f	Administrative expenses								
g	End of year balance				 -				
2	Provide the estimated percentage of t	he current year en	d halanc	e (line 1a	column (a)) held :	as.		
a	Board designated or quasi-endowmer		%	- (,,	,,			
b	Permanent endowment ►	%	'						
c	Temporarily restricted endowment ▶								
•	The percentages in lines 2a, 2b, and 2		٥%.						
3a	Are there endowment funds not in the			zation tha	at are held	and ad	ministered for t	the	
	organization by:	•	•						Yes No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations							. 3a(ii)	
b	If "Yes" to 3a(ii), are the related organi							. 3b	
4	Describe in Part XIII the intended uses								
Part	VI Land, Buildings, and Equip	ment.							
	Complete if the organization		' to Forr	n 990, P	art IV, line	11a. §	See Form 990	, Part X, li	ne 10.
	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Bool	
		(investme	ent)	(0	ther)	de	epreciation		
1a	Land					-			
b	Buildings	. SCHED	ULE A	TTACH	ED				
C	Leasehold improvements								
ď	Equipment								
e	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part)	(, columr	(B), line 10)(c).)	•		

(3) Other (A) (B) (C) (D) (E) (F) (G) (H) Fotal. (Column (b)	(a) Description of security or cated (including name of security) derivatives			(b) Book value		thod of valuation: d-of-year market value
(2) Closely-he (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b)	eld equity interests	····				
(3) Other (A) (B) (C) (D) (E) (F) (G) (H) Fotal. (Column (b)		····			T	
(B) (C) (D) (E) (F) (G) (H) Fotal. (Column (b)						
(B) (C) (D) (E) (F) (G) (H) Fotal. (Column (b)						
(B) (C) (D) (E) (F) (G) (H) (H) (Olumn (b)						
(D) (E) (F) (G) (H) [otal. (Column (b) Part VIII					T	
(E) (F) (G) (H) [otal. (Column (b) Part VIII						
(F) (G) (H) [otal. (Column (b) Part VIII				·····	1	
(G) (H) Total. (Column (b) Part VIII						
(H) Total. (Column (b) Part VIII						
lotal. (Column (b) Part VIII						
Part VIII	***************************************	*****				
Part VIII) must equal Form 990, Part X, col. (B) line 12.)	>			1 3 m (1 m)	(最) (群岛港)
	Investments-Program Rela				- 	
	Complete if the organization a		o Form 9	90, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment			(b) Book value	(c) Me	thod of valuation i-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
lotal. (Column (b)	must equal Form 990, Part X, col. (B) line 13.)	>			小公共高 联	
Part IX	Other Assets.				· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization a	nswered "Yes" t	o Form 9	90, Part IV, lin	e 11d. See Form	990, Part X, line 15.
		(a) Description				(b) Book value
(1)						
(2)		·			_ 	
(3)						
(4)				·		
(5)						
(6)					- 	
(7)						
(8)					· · · · · · · · · · · · · · · · · · ·	
(9)						
	nn (b) must equal Form 990, Part X	, col. (B) line 15.)	<u></u>	<u> </u>	<u> ▶</u>	<u> </u>
	Other Liabilities. Complete if the organization a line 25.	nswered "Yes" t	to Form 9	90, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book	value	T	- 1 to 1 t	
(1) Federal inc		- 		7 .		10000000000000000000000000000000000000
(2)				7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	CHEDULE ATTACHED			┥ .		of the second second
(4)	MEDONE ATTACHED			7	· · · · · · · · · · · · · · · · · · ·	
(5)				7		and the second s
(6)				7		*
(7)				7	-	
(8)				-† ·		
(9)				7	* ⁻ ,	
) must equal Form 990, Part X, col. (B) line 25)	•		7	•	_ , 1
2 Liability for	uncertain tax positions. In Part XIII, pa	rovide the text of the	e footnote t	o the organization	n's financial stateme	ents that reports the

Par	Reconciliation of Revenue per Audited Financial Statements With Complete if the organization answered "Yes" to Form 990, Part IV, line		
1	Total revenue, gains, and other support per audited financial statements		423,278
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		423,210
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	423,278
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	423,278
Part	XII Reconciliation of Expenses per Audited Financial Statements With	Expenses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements	1	400,569
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	20 Z	
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	400,569
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.	<u> 5 </u>	400,569
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		e 4; Part X, line
	<i>,</i>		J

Schedule D (Fo		Page
Part XIII	Supplemental Information (continued)	
•		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	·	

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, ° | | Employer identification number X Yes 56-0934946 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance Kernersville Chamber of Commerce Name of the organization Part II

	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	y recipient that	received more th	ıan \$5,000. Part	Il can be duplic	ated if additional	space is needed.	
-	1 (a) Name and address of organization or government	( <b>p)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ξ								
(2)								
ල								
4								
(2)								
(9)								
E						=		
<u>(8</u>								
(6)								
(10)								
(11)								
(12)								,
3 12	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ı 501(c)(3) and gor ıganizations listec	vernment organiza d in the line 1 table	tions listed in the l	ine 1 table			<b>A A</b>

Schedule I (Form 990) (2013)

Cat No. 50055P

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

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III N က S

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Kernersville Chamber of Commerce

Employer identification number 56-0934946

Part III, Line 2:
On January 1, 2013, The Kernersville Downtown Preservation and
Development Council, a 501(c)(3) non-profit organization, merged
its checking account and money market account totaling \$34,723 into
the Chamber's operating account. The Council became a functional
committee of the Chamber focusing on marketing, branding and develop-
ment of downtown Kernersville.
Part VI, Line 11a:
Form 990 is viewed by the Board of Directors at their regular August
meeting before the return is filed.
Part VI, Line 12a:
Policy instituted in 2009 - All officers, directors and employees
sign affidavits that they have no interests that could give rise
to a conflict. It will be an ongoing review.
Part VI, Line 15:
CEO reviewed by Executive Committee, with performance appraisal
interview conducted by the Board Chair and 1st Vice Chair.
Other 3 employees - written review done by the CEO, who is the
supervisor of the employees.

#### Kernersville Chamber of Commerce Kernersville, North Carolina Federal Income Tax Statements December 31, 2013

56-0934946

#### STATEMENT 1:

#### Form 990, Part VII (Page 7)

Compensation of Off	icers, Di	rectors, Tru	ustees, Ke	y Employe	es,
and Highest Compens (A)	sated Emplo (B)	o <u>yees</u> : (C)	(C)	(D)	(F)
(A)	AVG HOURS	POSITION	KEY	COMPEN-	OTHER
NAME & TITLE	PER WEEK	<pre>INDIV.DIR.</pre>	EMPLOYEE	<u>SATION</u>	COMP.
Bruce Boyer					
President/CEO	40		X	\$73,692	\$2,293
Sharon_Tucker	0	x		0	0
Past Chairperson			<del></del>		
_	•	х		0	0
Tony Smits Chairperson	0	Α		U	Ū
Chariperson				•	•
Sunni Lauten	0	X		0	0
1st Vice Chair					
Jeff Jordan	0	Х		0	0
2nd Vice Chair					
Jason Grubbs	0	x		0	0
3rd Vice Chair					
Bob Reed	1	х		0	0
Treasurer	_				
a to more linear	n 0	х		0	0
Courtney Turlington Secretary	11 0	Λ		·	•
-		**		0	0
Michael Fischer Vice Chair for Spe	0 cial	Х		U	U
Projects	CIAI				
-		v		0	0
Joey Herman Director	0	X		U	· ·
Director					•
Duane Long	0	Х		0	0
Director					
Matthew Pidakala	0	X		0	0
Director					
Mike Shaw	0	Х		0	0
Director					

#### Kernersville Chamber of Commerce Kernersville, North Carolina Federal Income Tax Statements December 31, 2013

56-0934946

STATEMENT 1: (continued)									
Form 990, Part VII (Page 7)									
	s (C) POSITION	(C) KEY	y Employees and  (D) (F)  COMPEN- OTHER  SATION COMP.						
Andy Strand 0 Director	X	~	0 0						
LuAnn Davis 0 Director Total	X		0 0 0 \$73,692 \$2,293						
STATEMENT 2:  Form 990, Part IX, Line 2: ( Specific Assistance to indiv	STATEMENT 2:  Form 990, Part IX, Line 2: (Page 10) Specific Assistance to individuals								
Awards	Iduals		<u>\$ 16,220</u>						
STATEMENT 3:									
Form 990, Schedule D, Part V Equipment:	I, Investme	nts - Land	, Buildings, and						
Description of Investment Furniture and fixtures Improvements	Cost <u>Basis</u> \$ 40,112	Accum. Deprec'n \$ 39,582 15,014							
<u>Total</u>	\$ 55,126	\$ 54,596	<u>\$ 530</u>						
STATEMENT 4:									
Form 990, Schedule D, Part X, Other Liabilities:									
Credit card Deferred contract revenue Payroll taxes W/H	<u>Total</u>		\$ 587 58,232 7,610 \$ 66,429						

## Form **8868**

(ReV January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.
 ▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you	are filing for an Automatic 3-Month Extension	, complete	only Part I and ched	k this box		▶ 🗸
	are filing for an Additional (Not Automatic) 3-I					
Do not	complete Part II unless you have already been	n granted an	automatic 3-month	extension on a previo	usly filed For	m 8868.
a corpo 8868 to Return	nic filing (e-file). You can electronically file For ration required to file Form 990-T), or an addition request an extension of time to file any of the for Transfers Associated With Certain Person fons). For more details on the electronic filing of	onal (not auto e forms listed nal Benefit (	omatic) 3-month ext d in Part I or Part II Contracts, which m	ension of time. You c with the exception o ust be sent to the II	an electronic of Form 8870 RS in paper	cally file Form ), Information r format (see
Part I	Automatic 3-Month Extension of Tin	ne. Only sul	bmit original (no co	opies needed).		
A corpo	oration required to file Form 990-T and requirely	uesting an a	utomatic 6-month	extension—check thi		▶ 🔲
	come tax returns.	<b>-</b>		Enter filer's identifyin		
	Name of exempt organization or other filer, see instructions.  Employer identification number (EIN) or					or
Type or print	KERNERSVILLE CHAMBER OF COMMERCE 56-0934946					
-	Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN)					<del></del>
File by the due date f	by the					
filing your	City, town or post office, state, and ZIP code.	For a foreign a				
return Se instruction	e	J	•			
	e Return code for the return that this application	n is for (file a	separate application	n for each return) .		. 0 1
Applic Is For	ation	Return Code	Application Is For			Return Code
Form 9	990 or Form 990-EZ	01	Form 990-T (corpo	oration)	<del></del>	07
Form 9		02	Form 1041-A			08
Form 4	1720 (individual)	03	Form 4720 (other t	than individual)		09
	990-PF	04	Form 5227			10
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	990-T (trust other than above)	06	Form 8870			12
Telephological Teleph	ooks are in the care of ► BRUCE P. BOYER  hone No. ► 336-993-4521  organization does not have an office or place of is for a Group Return, enter the organization's twhole group, check this box ► □ . th the names and EINs of all members the external contents to the contents of th	f business in four digit Gro If it is for paresion is for.	oup Exemption Numbert of the group, chec	heck this box	. If t  ▶ □ and a	▶□ his is attach
1	I request an automatic 3-month (6 months for a until AUGUST 15 , 20 14 , to file the exfor the organization's return for:    Calendar year 20 13 or	corporation kempt organi	required to file Form zation return for the	990-T) extension of ti organization named a	ime bove. The ex	tension is
<b>2</b> [	If the tax year entered in line 1 is for less than 1: $\square$ Change in accounting period	2 months, ch	neck reason: LI Initia		, 20	0
3a	If this application is for Forms 990-BL, 990-PF, nonrefundable credits. See instructions.				3a \$	
	If this application is for Forms 990-PF, 990-estimated tax payments made. Include any prio	r year overpa	ayment allowed as a	credit.	3b \$	
С	<b>Balance due.</b> Subtract line 3b from line 3a. Incl EFTPS (Electronic Federal Tax Payment System	lude your pay	ment with this form,		3c \$	
Caution	. If you are going to make an electronic funds withdra	wal (direct del	bit) with this Form 8868	3, see Form 8453-EO and	form 8879-E	O for payment