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- 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Dpen 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)

 \blacktriangleright Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Address change Name change Doing business as 56-093 Name change Number and street (or PO box if mail is not delivered to street address) Room/suite E Telephone num Initial return 136 E. Mountain Street 336-99 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code	mber 93-4521 ts \$ 451,463 dinates? ☐ Yes ☒ No uded? ☐ Yes ☐ No
Name change Number and street (or PO box if mail is not delivered to street address) Room/suite E Telephone number and street	amber 93-4521 ts \$ 451,463 dinates? ☐ Yes ☒ No uded? ☐ Yes ☐ No
Initial return Initial retur	93-4521 ts \$ 451,463 dinates? Yes X No uded? Yes No
City or town, state or province, country, and ZIP or foreign postal code Amended return Application pending F Name and address of principal officer 136 E. Mountain St., Kernersville, NC Tax-exempt status Solicia Website: ▶ kernersvillenc.com K Form of organization X Corporation Trust Association Other ▶ L Year of formation City or town, state or province, country, and ZIP or foreign postal code Kernersville, NC Corporation Solicial Solic	ts \$ 451,463 dinates? Yes X No uded? Yes No
City or town, state or province, country, and ZIP or foreign postal code Amended return Application pending F Name and address of principal officer 136 E. Mountain St., Kernersville, NC Tax-exempt status Solicia Website: ▶ kernersvillenc.com K Form of organization X Corporation Trust Association Other ▶ L Year of formation City or town, state or province, country, and ZIP or foreign postal code Kernersville, NC Corporation Solicial Solic	ts \$ 451,463 dinates? Yes X No uded? Yes No
Amended return Application pending F Name and address of principal officer Christine Comer 136 E. Mountain St., Kernersville, NC I Tax-exempt status □ 501(c)(3) ▼ 501(c) (6) ◄ (insert no) □ 4947(a)(1) or □ 527 Website: ► kernersvillenc.com K Form of organization ▼ Corporation □ Trust □ Association □ Other ► L Year of formation G Gross receipts H(a) Is this a group return for subording subordinates inclused in the properties of the p	dinates? Yes No
Application pending F Name and address of principal officer Christine Comer 136 E. Mountain St., Kernersville, NC 1 Tax-exempt status	dinates? Yes No
136 E. Mountain St., Kernersville, NC H(b) Are all subordinates included in Tax-exempt status 501(c)(3) 3 501(c)(6) 4947(a)(1) or 527 527 1 6 "No," attach a list (st.) Website: ► kernersvillenc.com H(c) Group exemption number L Year of formation M State of leg.	uded? Yes No
I Tax-exempt status □ 501(c)(3) ▼ 501(c) (6) ▼ (insert no) □ 4947(a)(1) or □ 527 If "No," attach a list (s J Website: ► kernersvillenc.com H(c) Group exemption numb K Form of organization ▼ Corporation □ Trust □ Association □ Other ► L Year of formation M State of leg	
J Website: ▶ kernersvillenc.com H(c) Group exemption numb K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation M State of leg	
K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation M State of leg	
	<u> </u>
1 Briefly describe the organization's mission or most significant activities: Organization of bus	siness and
professional men and women joined together to promote the commercial interest of Town of Kernersville and surrounding Check this box > If the organization discontinued its operations or disposed of more than 25% of its new Number of voting members of the governing body (Part VI, line 1a)	
2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its ne	
3 Number of voting members of the governing body (Part VI, line 1a)	14
4 Number of independent voting members of the governing body (Part VI, line 1b) 4	14
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5
6 Total number of volunteers (estimate if necessary)	300
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	300
b Net unrelated business taxable income from Form 990-T, line 34	
Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	350,074
9 Program service revenue (Part VIII, line 2g)	100,511
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	878
	AE1 A62
	451,463
	26,102
Benefits paid to or for members (Part IX, column (A), line 4)	177 400
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 172,582	177,498
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1 / 2 , 58 2 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (B), line 25)	
b Total fundraising expenses (Part IX, column (D), line 25)	074 407
17 Other expenses (Part IX, Column (A), lines #14-116, 4-11-24e)	214,421
18 Total expenses. Add lines 13–17 (must equal Fart IX, column (A), line 25)2 . 400,569	418,021
19 Revenue less expenses. Subtract line 18 from line 12 . 2.0.15	33,442
7.2	End of Year
20 Total assets (Part X, line 16)	293,179
21 Total liabilities (Part X, line 26)	53,917
Part II Signature Block	239,262
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kno true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	owleage and belief, it is
Cha traction to Cause	· (1)
Sign Signature of officer Date	4/16
Here Mushne Galsewife Cemer	
Type or print name and title	
Protetrivo proparerio parec	PTIN
Paid Palab T Nilston (Xall All Langer) 7-1-14 Check 1	ł
Preparer Additional Preparer Constitution of the Constitution of t	1
Use Only Firm's name ► RALPH J. ATKINSON, CPA Firm's EIN ► 56-	
Firm's address > 3410 Healy Dr., Winston-Salem, NC 27103 Phone no 336-7	/ 55 - 44 / 4

Form **990** (2014)

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
	interest 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?
3	If "Yes," describe these new services on Schedule O. 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. 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 \$ 73,587 including grants of \$) (Revenue \$ 98,848)
	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 \$ 23,085 including grants of \$) (Revenue \$ 39,370)
	.Downtown marketing
4c	(Code:) (Expenses \$ 6,171 including grants of \$) (Revenue \$ 10,786.)
	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.
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ \$3.57, 6.71

Part	V 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_1_	ļ	LX.
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	LX.	
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? <i>If "Yes," complete Schedule C, Part II</i>	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 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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		X_
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		Х_
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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 _
	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	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u> _
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		_ <u></u>
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		<u>x</u> _
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		<u>x</u>
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		<u></u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	N	Α
				(2014)

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	domestic government 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 or other assistance to or for domestic individuals 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		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
	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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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 "Yes," complete Schedule L, Part II	26		Х
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	29 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, Part II, III, or IV, and Part V, line 1	34		X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	_	X
	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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Form 9	90 (2014)				Page
Part	V Statements Regarding Other IRS Filings and Tax Compliance				
	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	1a 11	1 1		1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	(金)	1.75	`-
C	Did the organization comply with backup withholding rules for reportable payments	to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?		1c	_X_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1		
L	Statements, filed for the calendar year ending with or within the year covered by this return	2a 5		 	
þ	If at least one is reported on line 2a, did the organization file all required federal employment		2b	X	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see institute organization have unrelated business gross income of \$1,000 or more during the year		3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in S		3b	-	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature		05	-	
	over, a financial account in a foreign country (such as a bank account, securities account,		1	1	
	account)?		4a		L _X
b	If "Yes," enter the name of the foreign country: ▶		KF.	7 3	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fi	nancial Accounts		1.3	·
	(FBAR).		200	4 E.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5b	ļ	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 \$100,0				
h	organization solicit any contributions that were not tax deductible as charitable contributions If "Yes," did the organization include with every solicitation an express statement that such		6a		X
b	gifts were not tax deductible?	CONTRIBUTIONS OF	6b		
7	Organizations that may receive deductible contributions under section 170(c).		M	N ()	30,00
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods		沙克	, X
	and services provided to the payor?		7a	بصنخت	
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	7d	3 37.4	19.4	2
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal by		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form	•	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m		7h	·r	
Ū	sponsoring organization have excess business holdings at any time during the year?	amanica by the	8	- 111 2	
9	Sponsoring organizations maintaining donor advised funds.		Say.	. y m*	
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	ند سن	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor advisor, or related personal control of the sponsoring organization make a distribution to a donor organization distribution to a donor organization distribution to a donor organization distribution distribution distribution to a donor organization distribution dist	son?	9b		
10	Section 501(c)(7) organizations. Enter:		ردٍ	*,	-
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_3 4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b], `;,		
11	Section 501(c)(12) organizations. Enter:	, ,		.	
а	Gross income from members or shareholders	11a	: "	'	
þ	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b		J	~ •
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of the amount of the exempt interest received or account during the year		12a		
12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified paper of the alth insurance issuers	12b	1		1
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note. See the instructions for additional information the organization must report on Schedul	 e О.	- 50	\dashv	
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	13b			
C	Enter the amount of reserves on hand	13c	1		

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

14a

14b

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See in:	struct	
Secti	on A. Governing Body and Management	<u>····</u>		بها
	develoning body and management		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.		がない。	
b 2	Enter the number of voting members included in line 1a, above, who are independent. 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	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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 5 6	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? Did the organization have members or stockholders?	4 5 6	Х	X
7a b	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	х	
8	stockholders, or persons other than the governing body?	7b		X
a	the year by the following: The governing body?	8a	X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9 	Each committee with authority to act on behalf of the governing body?	8b 9	X	Х
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	- ·	X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 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?	14	X	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	X X	-,75,1
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	ر کی ا استان	X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	. '	, ,
	n C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(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 interiorance in statements available to the public during the tax year.	erest p	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords:	•	

		-
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

Check if Schedule O contains a response or note to any line 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 not	r any relate	d orga	aniz	atio	n c	ompe	ensa	ited any curren	it officer, director	r, or trustee.
					C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and Title	i					than o		Reportable	Reportable	Estimated
Name and the	Average hours per					ıs bott or/trust			compensation from	1
	week (list any	⊢—						from	related	other
	hours for	or d	nstı	Officer	ey	활호	9	the	organizations	compensation
	related organizations	ll ec	ţ	er	em H	loye	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	현] a		Kay amployee	e 0		(11-2/1099-10100)		and related
	line)	Individual trustee or director	₹		/ee	npe				organizations
		89	Institutional trustee			Highest compensated employee		ľ	1	
			6			ted				
4) COVERNI E ARRAGUER CONTR		_			ľ			!		
(1) SCHEDULE ATTACHED - STAT	EMENT	1								
(2)				-						
(0)							-			
(3)										
(4)					_		-			<u> </u>
(4)										
(5)										
							Ĺ			<u> </u>
(6)										
(7)		-			_		-			
										1
(8)										
							<u>.</u>			
(9)										
								<u> </u>		
(10)									ļ	
7 	ļ	_								
(11)	 									
(12)							-			
(12)										
(13)							t			
(13)										
(14)								· · · · · · · · · · · · · · · · · · ·		
	[ı	

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee			lighe	st C	ompensated E	mployees	(contin	ued)	
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	e than o is both or/trusi	n an	(D) Reportable compensation	(E) Reporta compensation	on from	am	(F) imated ount of
		week (list any hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	relater organizat (W-2/1099-	ions	comp fro orga and	other pensation om the nization related nizations
(15)													
(16)													
(17)			-										
(18)													
(19)						_							
(20)													
(21)											_		
(22)													
(23)													
(24)												<u></u> _	
(25)								_					
1b c d	Sub-total			<u>. </u>	•	· ·		>	70,000				9,522
2	Total number of individuals (including but reportable compensation from the organi	not limited) wł		ore than \$1	00,000		9,322
3	Did the organization list any former of employee on line 1a? If "Yes," complete to	ficer, direct						mpi	loyee, or high	est compe	ensated	3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	50,0	000	? If		5," (complete Sch			e W	X
5	Did any person listed on line 1a receive of for services rendered to the organization		mper	nsat	ion	fror	n any	unr	elated organiz				
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compens	ation
2	Total number of independent contractor received more than \$100,000 of compens							tho	ose listed abo	ve) who	1		- call 33 4

Par	t VIII	Statement of Rev			· · · · · · · · · · · · · · · · · · ·			
		Check if Schedule (ocontains a res	ponse or note t			· · · · · ·	<u>, , , , , D</u>
-					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants (mounts	1a b	Federated campaign Membership dues . Fundraising events .	1b	147,882	· .	revenue	7 -	312-314
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations Government grants (con All other contributions, g	s 1d ntributions) 1e jifts, grants,	55,922			4.3	
	g h	and similar amounts not inc Noncash contributions inclu Total. Add lines 1a-1	ded in lines 1a-1f: \$	141,085 5,185	350,074			
Program Service Revenue	2a b c			Business Code		And a second		
Program S	e f g	All other program ser Total. Add lines 2a-2	f	•	100,511 100,511	~ 3.F		
	3 4 5	Investment income and other similar amount income from investmen Royalties	ounts)		878			
	6a b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	d 7a b	Net rental income or Gross amount from sales of assets other than inventory Less: cost or other basis	(loss) (i) Securities	(ii) Other				
	c d	and sales expenses Gain or (loss) . Net gain or (loss) .		▶		12 12 12		
Other Revenue	8a	Gross income from for events (not including \$ of contributions reported)						
Other	b	See Part IV, line 18 . Less: direct expenses	ه ۰۰۰ a s b					
		Net income or (loss) f Gross income from ga See Part IV, line 19 .		events . ►		-		, 1
		Less: direct expenses Net income or (loss) f Gross sales of in returns and allowance	rom gaming activity	vities ►		-		
	b c	Less: cost of goods s Net income or (loss) f	rom sales of inve	entory ► Business Code				
	11a b c							· · · · · · · · · · · · · · · · · · ·
1	d e 12	All other revenue . Total. Add lines 11a- Total revenue. See in			451,463			

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). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) Program service expenses (C) Management and general expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 6,584 6,584 2 Grants and other assistance to domestic individuals. See Part IV, line 22 19,518 19,518 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV. lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 70,000 61,600 8,400 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 77,502 68,202 9,300 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,482 3,944 538 13,562 9 Other employee benefits 11,935 1.627 11,952 10 10,518 1,434 11 Fees for services (non-employees): Management а b 6,629 Accounting 6,629 C The second second **《新刊》的** Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . 41,317 41,317 26,233 26,233 12 Advertising and promotion 58,706 13 Office expenses 51,661 7,045 8,173 14 Information technology 8,173 Royalties 15 20,613 15,213 16 5,400 17 511 511 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings . 19 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 530 466 64 23 6,578 578 24 Other expenses. Itemize expenses not covered 25. above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column ٠. (A) amount, list line 24e expenses on Schedule O.) Telephone 3,710 3,265 445 b 2.635 Postage 2.319 316 Printing 8,677 7,636 041 2,115 d Dues 2,115 All other expenses

Total functional expenses. Add lines 1 through 24e 3,360 <u>27,994</u> 24,634 25 418,021 357,671 60.350 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 following SOP 98-2 (ASC 958-720)

Form 990 (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 6,520 5,283 1 Cash -- non-interest-bearing 2 286,659 2 266,436 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 6 Assets 7 7 8 8 9 9 Prepaid expenses and deferred charges . Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 55,126 10b Less: accumulated depreciation 530 10c 55,126 11 11 Investments—publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 . 13 13 Investments – program-related. See Part IV, line 11 14 14 15 15 293,179 Total assets. Add lines 1 through 15 (must equal line 34) . _ . . . 272,249 16 16 17 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D . Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 66,429 53,917 25 66,429 53,917 26 26 Total liabilities. Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 239,262 27 205,820 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 239,262 33 205,820 293,179 34 Total liabilities and net assets/fund balances

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	451,	463
2	Total expenses (must equal Part IX, column (A), line 25)	2	418,	021
3	Revenue less expenses. Subtract line 2 from line 1	3	33,	442
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	205,	820
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			
	33, column (B))	10	239,	262
Part Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	\Box
			Yes	No
1	Accounting method used to prepare the Form 990: 🔀 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in		
	Schedule O.			38
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled or		
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b X	4 2 2 2 2 2 2
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		1 1	1
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the second selection of the audit is a second selection of an independent accounts the second selection of the second selection select		2c X	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain in		
•		fadh in		
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?	iorin in	1 1	77
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		3a	<u> </u>
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	
	required addit of addits, explain why in ochequie of and describe any steps taken to undergo such a	uuito.	Form 99	0 (004.1)
			rom 99	U (2014)

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

OMB No 1545-0047

2014

Department of the Treasury

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III **Employer identification number** Name of organization Kernersville Chamber of Commerce 56-0934946 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). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No Yes If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). 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. 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing 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. (b) Address (d) Amount paid from (a) Name (c) EIN (e) Amount of political filing organization's contributions received and funds If none, enter -0promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2)(3)(4)(5)



(6)

Pa	ae	2

Pa	rt II-A Complete if the organiza section 501(h)).	tion is exempt	under section 5	01(c)(3) and file	d Form 5768 (el	ection under
A	Check ► ☐ if the filing organization name, address, EIN, ex					oup member's
R	Check ► ☐ if the filing organization					
		bbying Expendit		troi provisions a	(a) Filing	(b) Affiliated
	(The term "expenditures"			.)	organization's totals	group totals
1	a Total lobbying expenditures to influer		<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·
	b Total lobbying expenditures to influer	•		•	[- 	
	c Total lobbying expenditures (add line					
	d Other exempt purpose expenditures	•				
	e Total exempt purpose expenditures (
	f Lobbying nontaxable amount. Ente columns.					
	If the amount on line 1e, column (a) or (b	is: The lobbying	nontaxable amoun	t is:	· 上上下外表	
	Not over \$500,000	20% of the ar	nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				种,是不可能的
	g Grassroots nontaxable amount (enter					·-·
	h Subtract line 1g from line 1a. If zero of					
	Subtract line 1f from line 1c. If zero or				L	
	i If there is an amount other than ze reporting section 4911 tax for this ye					☐ Yes ☐ No
	4. (Some organizations that made a	Year Averaging section 501(h) ele	Period Under sec ection do not have ructions for lines	tion 501(h) e to complete all		
	Labby	na Expenditures	During 4-Year Av	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))	The state of the s				
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))	,		,		
	f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For A	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)	
desc	ription of the lobbying activity.	Yes	No	-	lmoun	Ł
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:	- 4			· ,	*
а	Volunteers?			٠,	٠ ٠ ٠) ا ادار بادو
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				,, ,	اد کند
C	Media advertisements?			Ĺ		
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?			Ĺ		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			Ĺ		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			<u> </u>		
i	Other activities?			L		
j	Total. Add lines 1c through 1i	- 5-	,			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		L		×	
b	If "Yes," enter the amount of any tax incurred under section 4912	, 1	` .	<u></u>		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .		· _			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			£ [.	·	· -
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), c	r se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Х	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .	· <u>·</u>	<u></u>	3		X
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."				line :	3, is
1	Dues, assessments and similar amounts from members	.	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of	12 m 1 m	ł		
а	Current year		2a			
b	Carryover from last year	. [2b		_	
C	Total	. [2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	. [3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part	t IV Supplemental Information					

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of	Kernersville	Chamber of	Commerce		-0934946
Part		_	vised Funds or Other Similar "Yes" to Form 990, Part IV, lin		Accounts.
	Complete ii the organi	Zation answered	(a) Donor advised funds	- 0.	(b) Funds and other accounts
			(a) Donor advised funds		(b) Fullos and other accounts
1					
2	Aggregate value of contribution	ns to (during year)			
3	Aggregate value of grants from	(during year) .			
4	Aggregate value at end of year				
5			advisors in writing that the asse	ets held in d	onor advised
_			ne organization's exclusive legal c		
_	•		•		
6			and donor advisors in writing that		
			fit of the donor or donor advisor,		
					· · · · 🗌 Yes 📙 No
Part	II Conservation Easem	ents.			
	Complete if the organi	zation answered	"Yes" to Form 990, Part IV, lin	e 7.	
1	Purpose(s) of conservation easi	ements held by the	organization (check all that apply).	
	Preservation of land for pub	olic use (e.g., recrea	tion or education) 🔲 Preservati	on of a histo	rically important land area
	Protection of natural habitat	t	☐ Preservati	on of a certif	ied historic structure
	☐ Preservation of open space			-,, -, -, -, -, -, -, -, -, -, -, -, -,	
	•		eld a qualified conservation contri	bution in the	form of a conservation
	easement on the last day of the		elu a qualifieu conservation contif	DULION IN LIFE	Held at the End of the Tax Year
				ļ-	<u> </u>
	Total number of conservation e		·	—	2a
b	Total acreage restricted by con	servation easemen	ts	<u>L</u>	2b
C	Number of conservation easem	ents on a certified	historic structure included in (a) .	[2c
d	Number of conservation ease	ments included in	(c) acquired after 8/17/06, and	not on a	
	historic structure listed in the N			1	2d
		-	sferred, released, extinguished, or		
	tax year ▶	,	g		-,gg
	Number of states where proper	ty subject to conse	ervation easement is located		
			garding the periodic monitoring	inspection	handling of
			asements it holds?		_
6	Staff and volunteer hours devot	ted to monitoring, ii	nspecting, and enforcing conserva	ation easeme	ents during the year
	>				
7	Amount of expenses incurred in	n monitoring, inspe	cting, and enforcing conservation	easements of	during the year
	▶\$				
8	Does each conservation easem-	ent reported on line	2(d) above satisfy the requiremen	ts of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)? .				· · · · 🔲 Yes 🔲 No
9			conservation easements in its revi		
			of the footnote to the organization		
	organization's accounting for co	• •	-	S IIIIaiiciai Si	tatements that describes the
				Oth	Cincilan Access
Part			s of Art, Historical Treasures		Similar Assets.
			"Yes" to Form 990, Part IV, line		
			AS 116 (ASC 958), not to report		
	•	•	r assets held for public exhibition	•	·
	public service, provide, in Part 2	XIII, the text of the f	footnote to its financial statements	s that describ	oes these items.
b	If the organization elected, as	permitted under S	FAS 116 (ASC 958), to report in	its revenue	statement and balance shee
			assets held for public exhibition		
	public service, provide the follo			,	,
		-			. •
			, historical treasures, or other sin		for financial gain, provide the
	following amounts required to b	oe reported under S	FAS 116 (ASC 958) relating to the	ese items.	
а	Revenue included in Form 990.	Part VIII. line 1			. ▶ \$

Par	Organizations Maintaining	Collections of	Art, His	torical 1	Freasures	, or O	ther Similar A	ssets (conti	nued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and of	ther reco	rds, chec	k any of th	e follo	ving that are a	significant us	se of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams		
b	☐ Scholarly research		е	☐ Other					
С	☐ Preservation for future generations	3							
4	Provide a description of the organizat XIII.		and expl	ain how t	hey further	the org	ganization's exe	mpt purpose	in Part
5	During the year, did the organization	solicit or receive	donation	s of art.	histoncal ti	reasure	s. or other simil	ar	
	assets to be sold to raise funds rather								☐ No
Part	IV Escrow and Custodial Arra	ngements.					****		
	Complete if the organization 990, Part X, line 21.		" to For	n 990, P	art IV, line	9, or ı	reported an an	nount on Fo	rm
1a	Is the organization an agent, trustee,								
b	included on Form 990, Part X? If "Yes," explain the arrangement in Pa					• •		☐ Yes	∐ No
	ii 100, explain the arrangement iii i	are Am and compr		nowing to	abic.		A	mount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amour					ustodia	account liability	/? 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the ex	planation	n has been	provide	ed in Part XIII .		
Par									
	Complete if the organization	answered "Yes	" to Forr	n 990, P	art IV, line	10.			
		(a) Current year	(b) Pro	or year	(c) Two year	s back	(d) Three years bac	k (e) Four year	rs back
1a	Beginning of year balance							1	
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
	programs								
f	Administrative expenses							 	
g	End of year balance				<u></u>			 	
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1a	column (a)) held a	98.	. 1	
a	Board designated or quasi-endowmer		%	o (,,,,,o ,,g	, 0014.111 (4)	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
b	Permanent endowment ▶	%	70						
c	Temporarily restricted endowment	%							
·	The percentages in lines 2a, 2b, and 2		n0%						
3a	Are there endowment funds not in the			zation tha	at are beld :	and add	ministered for th	ne	
Ju	organization by:	possession of a	io organii			u u		Yes	s No
	(i) unrelated organizations							3a(i)	3 140
	(ii) related organizations				• • •			3a(ii)	+
.	If "Yes" to 3a(ii), are the related organi							3b	
4	Describe in Part XIII the intended uses							[30]	
			NI S ENGC	Willelitic	ilus.				
Part	VI Land, Buildings, and Equip Complete if the organization		" to For	- 000 P	art IV lina	110 0	cas Form 000	Dort V line	10
					r other basis				
	Description of property	(a) Cost or ot (investm		• •	her)		Accumulated preciation	(d) Book val	iue
1a	Land						· 2 2		
b	Buildings	SCHEDU	LE AT	TACHE	<u> </u>				
С	Leasehold improvements								
d	Equipment	,							
е	Other								
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 9	90, Part)	, column	(B), line 10	c.)	•		

Schedule D (Fo	orm 990) 2014				Page
Part VII	Investments - Other Securities.	•			
	Complete if the organization answer	ered "Yes" to Form	990, Part IV, lir	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		thod of valuation d-of-year market value
(1) Financial	l derivatives			 	
(2) Closely-I	held equity interests	[
(3) Other	, ,				
(A)					
(B)					
(C)		<u> </u>		 	
(D)				 	
(E)				 	
(F)				· · · · · · · · · · · · · · · · · · ·	
(G)		-		 	
(H)		<u> </u>		 	
	(b) must equal Form 990, Part X, col (B) line 12) ▶	 -			
Part VIII	Investments—Program Related.			1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
art VIII	Complete if the organization answe	ared "Vec" to Form	990 Part IV lin	a 11c See Form	990 Part Y line 13
	(a) Description of investment	red res to rollin	(b) Book value		thod of valuation.
	(a) Description of investment		(b) Book value		l-of-year market value
(1)				 	
(2)					
(3)				 	
(4)					
(5)				 	····
(6)					
(7)					
(8)		- · · - · - · - · - · - · - · · - · · - ·			
(9)				 	
	b) must equal Form 990, Part X, col (B) line 13)			1 35 4 35 35	"是"的"来"的"是"
Part IX	Other Assets.			37 -4 37	* ** ** ** * * * * * * * * * * * * * *
وعنوهبو	Complete if the organization answe	ered "Yes" to Form	990. Part IV. lin	e 11d. See Form	990. Part X. line 15.
		escription		<u> </u>	(b) Book value
(1)		····································			
(2)			··_ · · · · · · · · · · · · · · · · · ·		
(3)					
(4)					
(5)					
(6)			· · · · · · · · · · · · · · · · · · ·		
		· · · - <u>- · · · - · · · · · · · · · · ·</u>			L
(8)			- 		
					<u> </u>
(9) Total . <i>(Colu</i> i	mn (b) must equal Form 990, Part X, col.	(B) line 15.)			
Part X	Other Liabilities.	(-,			
T GIT X	Complete if the organization answe line 25.	red "Yes" to Form	990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
 -	(a) Description of liability	(b) Book value	- 	 	· · · · · · · · · · · · · · · · · · ·
(1) Federal ır		(b) Dook value			
(2)				,	
(2)				` -	

(1) Federal income taxes
(2)
(3) SCHEDULE ATTACHED
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XIII

Supplemental Information.

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	i.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	451,463
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	,‡	
a	Net unrealized gains (losses) on investments 2a] ;	
ъ	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	451,463
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1,	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]: .	
L	Other (Describe in Part XIII.)	ائا	
b	Add lines 4a and 4b	4c	
C			
c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	451,463
c 5	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
c 5	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		rn.
c 5	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	er Retu	
c 5 Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	1	rn.
c 5 Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	er Retu	rn.
c 5 Part 1 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	r Retu	rn.
c 5 Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	rn.
c 5 Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	r Retu	rn.
Part 1 2 a b c	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	rn. 418,021
Part 1 2 a b c d	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1 2e 3	rn.
Part 1 2 a b c d e	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1 2e	rn. 418,021
Part 1 2 a b c d e 3	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	1 2e 3	rn. 418,021
Part 1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1 2e 3	rn. 418,021
Part 1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 2e 3	rn. 418,021

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

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?

General Information on Grants and Assistance Kernersville Chamber of Commerce

Part I

OMB No 1545-0047

Open to Public Inspection

Employer identification number 56-0934946 **%**□

⊠ Yes

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	anization's procedi	ures for monitoring	the use of grant fur	nds in the United	States.		
III T	Assistance to Dany recipient that	omestic Organiz t received more the	ations and Dom	nestic Governm Il can be duplica	izations and Domestic Governments. Complete if the organization than \$5,000. Part II can be duplicated if additional space is needed	the organization answepace is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that 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	(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
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(1)							
(8)							
(6)							
(10)							
(11)							
(12)							
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	ion 501(c)(3) and g er organizations list	overnment organizated in the line 1 table	ations listed in the l	line 1 table			_
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ce, see the Instructi	ons for Form 990.			Cat. No. 50055P		Schedule I (Form 990) (2014)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2014)

Part III Grants an

	Part III can be duplicated if additional space is needed	space is rieeueu	-			
	(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
-						
4 6						
4						
វេ						
9						
,						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information r	equired in Part I, Iir	ne 2, Part III, columi	ι (b), and any other additi	onal information.

SCHEDULE O (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.

0MB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspect Employer identification number

Open to Public Inspection

Kernersville Chamber of Commerce	56-0934946
Part VI, Line 11a:	
Form 990 is viewed by the Board of Directors a	t their regular monthly
meeting before the return is filed.	
Part VI, Line 12a:	
Policy instituted in 2009 - All officers, dire	ctors and employees
sign affidavits that they have no interests th	at could give rise
to a conflict. It will be an ongoing review.	
Part VI, Line 15:	
CEO reviewed by Executive Committee, with perf	ormance appraisal
interview conducted by the Board Chair and 1st	
Other 3 employees - written review done by the	
supervisor of the employees.	

Kernersville Chamber of Commerce Kernersville, North Carolina Federal Income Tax Statements December 31, 2014

56-0934946

STATEMENT 1:

Form 990, Part VII (Page 7)

Compensation of Office			rustees, Ke	y Employe	es,
and Highest Compensate (A)	(B)	(C)	(C)	(D)	(F)
	G HOURS	POSITION	KEY	COMPEN-	OTHER
	R WEEK				COMP.
NAME & IIIIE FE	K WEEK	TINDIA DIK.	BMI DOTHE	DATION	_ COM
Christine Comer President/CEO	40		Х	\$70,000	\$ 9,522
Tony Smits Past Chairperson	0	х		0	0
Sunni Lauten Chairperson	0	Х		0	0
Jeff Jordan 1st Vice Chair	0	Х		0	0
Jason Grubbs 2nd Vice Chair	0	х		0	0
Courtney Turlington 3rd Vice Chair	0	Х		0	0
Bob Reed Treasurer	1	x		0	0
LuAnn Davis Secretary	. 0	Х		0	0
Michael Fischer Vice Chair for Specia Projects	0	Х		0	0
Joey Herman Director	0	Х		0	0
Duane Long Director	0	х		0	0
Matthew Pidakala Director	0	х		0	0
Christine Duvall Director	0	Х		0	0

Kernersville Chamber of Commerce Kernersville, North Carolina Federal Income Tax Statements December 31, 2014

56-0934946

Form 990	, Part	VII	(Page	7)

Compensation of Of			<u>ustees, Ke</u>	y Employ	ees and
<u>Highest Compensate</u>	<u>d Employees</u>	3			
(A)	(B)	(C)	(C)	(D)	(F)
	AVG HOURS	POSITION	KEY	COMPEN-	OTHER
NAME & TITLE	PER WEEK	<pre>INDIV.DIR.</pre>	EMPLOYEE	_SATION	COMP.
I of dir Dool	0	х		\$ 0	S 0
Leidy Reel Director	U	Λ		۶ U	\$ 0
D11 CC CC1					
Fentress Gerald	0	X		0	0
Director					
				+=-	
<u>Total</u>				<u>\$70,000</u>	<u>\$ 9,522</u>

STATEMENT 2:

Form 990, Part IX, Line 2: (Page 10) Specific Assistance to individuals

<u>Awards</u> <u>\$19,518</u>

STATEMENT 3:

Form 990, Schedule D, Part VI, Investments - Land, Buildings, and Equipment:

Description of Investment	Cost <u>Basis</u>	Accum. <u>Deprec'n</u>	Book <u>Value</u>
Furniture and fixtures Improvements	\$ 40,112 15,014	\$ 40,112 15,014	\$ 0
<u>Total</u>	<u>\$ 55,126</u>	\$ 55,126	\$ 0

STATEMENT 4:

Form 990, Schedule D, Part X, Other Liabilities:

Credit card		\$ 653
Deferred contract revenue		48,225
Payroll taxes W/H		 5,039
-	<u>Total</u>	\$ 53,917