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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Dep	artment o	of the Treasury nue Service	▶ Do not enter social security numbers on this form as it may			Open to Public		
Inte			► Information about Form 990 and its instructions is at www.	irs.gov/torm99	0.	Inspection		
A	For th	e 2015 calend	dar year, or tax year beginning , 2015, and en	ling		, 20		
В	Check I	f applicable C	Name of organization Kernersville Chamber of Co	mmerce	D Employ	er identification number		
	Address	s change	Doing business as		56-0	934946		
	Name o	hange	Number and street (or P.O. box if mail is not delivered to street address)	'suite	E Telephone number			
	Initial re	eturn		336-	993-4521			
	Final retu	um/terminated	136 E. Mountain Street City or town, state or province, country, and ZIP or foreign postal code					
	Amende	ed return	Kernersville, NC 27284-2939		G Gross re	eceipts \$ 461,301		
	Applica	tion pending F	Name and address of principal officer Christine Comer,	H(a) is this a c		subordinates? Yes X No		
_	1-1	, J	136 E. Mountain St., Kernersville, NC			s included? Yes No		
_	Tax-exe	empt status	☐ 501(c)(3)			a list. (see instructions)		
j			ersvillenc.com	H(c) Group	exemption	number >		
ĸ			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form			of legal domicile NC		
	art I	Summai			1	110		
	1		cribe the organization's mission or most significant activities: Or	ganigat	ion	f buginess and		
•	'							
5			sional men and women joined together					
Governance	اما	commer	cial interest of Town of Kernersvill	e and si	urrou	naing_areas		
Š	2		box ► if the organization discontinued its operations or disposed		1 1			
Ğ	3					14		
~୪	4		independent voting members of the governing body (Part VI, line 1)	0)	4	14		
Activities &	5		er of individuals employed in calendar year 2015 (Part V, line 2a)		5	5		
₹	6		er of volunteers (estimate if necessary)		6	300		
Ą	7a	Total unrela	ated business revenue from Part VIII, column (C), line 12		7a			
	b	Net unrelat	ed business taxable income from Form 990-T, line 34	<u></u>	7b			
				Prior Ye	ar	Current Year		
e e	8	Contributio	ns and grants (Part VIII, line 1h)	350	,074	341,506		
ž	9		ervice revenue (Part VIII, line 2g)		511	119,404		
Revenue	10	•	income (Part VIII, column (A), lines 3, 4, and 7d)		878	391		
æ	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0/0			
	12		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	451	463	461 201		
-	13		similar amounts paid (Part IX, column (A), lines 1–3)		.463 .102	461,301		
				20	102	34,153		
	14	•	aid to or for members (Part IX, column (A), line 4)	122	400	101 500		
es	15		ner compensation, employee benefits (Part IX, column (A), lines 5–10)	1//	,498	191,598		
SC	16a		al fundraising fees (Part IX, column (A), line 11e)					
Expenses	b		TSID CTEX PETISES (Part X, column (D), line 25) ▶		-:			
ш	17		nses (Part IX, colump A), lines 11a-11d, 11f-24e)	214	,421	220,768		
	18	Thai exper	nses. Add lines 13-13 must equal Part IX, column (A), line 25) .	418	.021	446,519		
	19	Revenue le	ss expenses. Subtract line 18 from line 12	33	442	14,782		
è è			<u> </u>	Beginning of Cu	rrent Year	End of Year		
Net Assets or Fund Balances	20	Total asset	BBENINUT	293	179	303,639		
A.A.	21		tes (Part X, line 26)	53	917	49,595		
골돌	22		or fund balances. Subtract line 21 from line 20	239	262	254,044		
Pa	art II	Signatui						
			I declare that I have examined this return, including accompanying schedules and sta	tements, and to ti	ne best of m	ov knowledge, and belief, it is		
tru	e, correc	t, and complete	. Declaration of preparer (other than officer) is based on all information of which prepare	rer has any knowl	edge.	, memorge are polici, in a		
		T	Alan ituri Parana			E/19/1/1		
Sig	ın	Signatu	re of officer o	Da				
He) Cigridia	Muchine a Comer			•		
пе	re		COURT S COINES					
		17	print name and title	Data		(DTIN		
Pa	id			Date	Check [PTIN		
	epare	r Kalpi	h J. Atkinson Cafffleking	7-14-14	self-emp	loyed P00584762		
	e Oni		e ► RALPH J. ATKIŃSOŃ, ĆPA	Firm	's EIN ▶ !	56-2047430		
-	J J ill	Firm's addi	ress ► 3410 Healy Dr., Winston-Salem, NC	27103 Pho	пе по 33 (6-765-9979		
Mar	v the IF		is return with the preparer shown above? (see instructions)			Yes □ No		

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

Cat. No. 11282Y

	90 (2015)			Page \$
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Γ	Yes	No
	complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	İ		
4	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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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		Х
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.		ا ئۇرۇپ ئۇرۇپ	
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	V	ALLEY PLAN
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		x x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	_
	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		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	v	Λ
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
	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		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		х Х
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		
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			X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<u>X</u>
	If "Yes," complete Schedule G, Part III	19		<u>X_</u>

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X_
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		N/Z	
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		X
	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		-	
04-	employees? If "Yes," complete Schedule J	23		X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		x
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		x
25a	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	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	OFh		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or 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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of 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)	200		Λ
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	 		Λ_
	complete Schedule N, Part II	32		Χ
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>x</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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,			
	Part VI	37		<u>X_</u>
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.		х	
		Form	990	(2015)

Part		.,,		
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	•	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		- 1 - ~
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	به به ا		- ' · · · · · · · · · · · · · · · · · ·
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		ياسيد	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	X.	
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	X	المراجعة
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	A .	• 0.
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-1-	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	l		ĺ
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		- 1 - 1 1 - 7	. Pg.
	(FBAR).	uisenina.	, i	مالىند
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C 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	ا ۔ ا		
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		_X_
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	, OD	- (53
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			* 1
	and services provided to the payor?	7a	- Satura	
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		
ď	If "Yes," indicate the number of Forms 8282 filed during the year	-		أد المتعدد
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	سنفشه	أعرسته والمعد
9	Sponsoring organization make excess business holdings at any time during the year?	0	;'3 =	· · · · ·
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	metad	فا ستسطا
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:	-	7	Ç. 1
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		ر ر ج
1	Section 501(c)(12) organizations. Enter:		; ;}	
а	Gross income from members or shareholders	1.1	1.	ز ٠٠٠
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	etal].	4	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		• • • •
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			: '- t
3_	Section 501(c)(29) qualified nonprofit health insurance issuers.	125	- 1	• •
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		- ,, -
b	Enter the amount of reserves the organization is required to maintain by the states in which	' .	, 1	'. , _ 1
~	the organization is licensed to issue qualified health plans		1	
С	Enter the amount of reserves on hand	.		,, ,
-	<u> </u>	14a		X
	- · · · · · · · · · · · · · · · · · · ·	14h		

Form 9	90 (2015)				Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7b belov	, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	• • •	<u></u>	<u> </u>
Sect	on A. Governing Body and Management	· 			T 10-
4	Enter the number of voting members of the consults the dust the and of the terror	1.4		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	1a 14		: ريز :	
	if the governing body delegated broad authority to an executive committee or similar		3.5	ļ. ',	
	committee, explain in Schedule O.			,	17.43
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 14	-		1. 3. 4
2	Did any officer, director, trustee, or key employee have a family relationship or a business	elationship with		1	
	any other officer, director, trustee, or key employee?		2		x
3	Did the organization delegate control over management duties customarily performed by or				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		<u>x</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		X_
5	Did the organization become aware during the year of a significant diversion of the organization		5		X_
6 7a	Did the organization have members or stockholders?		6	X	
1 a	one or more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approva			-^	-
	stockholders, or persons other than the governing body?		7b		v
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during		1,72	-
	the year by the following:			2000 L.S	
а	The governing body?		8a	x	
b	Each committee with authority to act on behalf of the governing body?		8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the experience of mailing addresses in School/Je		- 1		
Conti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule Con B. Policies (This Section B requests information about policies not required by the		9	2001	LX_
Secu	on b. Policies (This Section B requests information about policies not required by the	a internal neve	nue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of	such chapters,	1.50		_
	affiliates, and branches to ensure their operations are consistent with the organization's exem	pt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		مشفشه	م متصفید	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the particle of the describe in Schedule O how this was done	oolicy? If "Yes,"	12c	Х	
13	Did the organization have a written whistleblower policy?		13		x
14	Did the organization have a written document retention and destruction policy?		14	×	<u> </u>
15	Did the process for determining compensation of the following persons include a review a	nd approval by	50.5	7.	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			د . سخسو شد	المستقا
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
160	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 simil	ar arrangament		\ 	- 4
16a	with a taxable entity during the year?	ar arrangement	16a	مُحَدُ الله	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to evaluate its	10a		^-
	participation in joint venture arrangements under applicable federal tax law, and take steps t	safeguard the			
	organization's exempt status with respect to such arrangements?		16b		34 ,4,444
Section	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, a available for public inspection. Indicate how you made these available. Check all that apply.	•	n 501(c)(3)s	only)
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Sch				
19	Describe in Schedule O whether (and if so, how) the organization made its governing document financial statements available to the public during the tax year.	nts, conflict of in	terest	oolicy	, and
		n's books and re			

Form	000	1001	c١
romi	990	1201	D)

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	Highest Compens	sated 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 neither the organization no	r any relate	d org	anız	atic	n c	ompe	ensa	ted any curren	t officer, directo	r, or trustee.
				(C)					
(A)	(B)	١,,			ition			(D)	(E)	(F)
Name and Title	Average					e than		Reportable	Reportable	Estimated
	hours per	office				or/trus		compensation	compensation from	
	week (list any	25	5	0	ᇫ	QΙ	T	from	related	other
	hours for related	5 ₹	State	Officer	e e	를	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	8 E	큠	1 4	Ĕ	byec c	٩	(W-2/1099-MISC)	(11 2 1000 (11100)	organization
	below dotted	9 5	<u>a</u>		Key employee	Ě	ļ	}		and related
	line)	Individual trustee or director	Institutional trustee		¥	B				organizations
		ι •	tee			Highest compensated employee				
		ļ			<u> </u>	ä	<u> </u>			
(1) a a										
(1) SCHEDULE ATTACHED - STA	LEWENT	1								
(0)					 -		 			
(2)	}	1					1			
(3)		<u> </u>				 	-			
(3)		ł								
(4)		 	\vdash			 				·
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(12)										
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(13)					\neg					
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(14)					\neg					
\1-7/			i 1	- 1	- 1					

Par	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees	(continu	ed)
	(A) Name and title	Name and title Average Average hours per officer and a director/trustee) compensation compensation		(E) Reportat compensatio	n from amount	Estimated amount of						
		week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatii (W-2/1099-N	ons	other compensation from the organization and related organizations
(15)			-									
(16)						_						·
(17)									,			
(18)											+	
(19)											-	
(20)												
(21)												· · · · · · · · · · · · · · · · · · ·
(22)					\dashv							
(23)					\exists	\exists					_	
(24)				1					-			
(25)				7				_				
1b c	Sub-total	VII, Section		•			. l	>	79,196			2,279
2	Total number of individuals (including but reportable compensation from the organization)	not limited) wł		re than \$10	00,000	
3	Did the organization list any former off employee on line 1a? If "Yes," complete S	icer, direct						mpl	oyee, or highe	est comper	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											4 X
5	Did any person listed on line 1a receive or for services rendered to the organization?		•				•		•	ation or ind		5 X
Section	on B. Independent Contractors	<u>-</u>										
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business addr	ess							(B) Description of ser	rvices	C	(C) ompensation
2	Total number of independent contractor received more than \$100,000 of compensa							tho	se listed abov	ve) who	, 7 · 7	

Par	t VIII	Statement of Revenue Check if Schedule O contains a respo	nse or note to	n any line in thi	s Part VIII		r
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns 1a Membership dues 1b 1	45,802				
fts, G r Amo	c	Fundraising events 1c Related organizations 1d					
ns, Gi Simila	е	Government grants (contributions) 1e	60,922				
ibutio Other (f	All other contributions, gifts, grants, and similar amounts not included above 1 1 1	34,782				
Contr and C	g h	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	5,886 ►	341.506			
Program Service Revenue	2a	Ė	Business Code	The writing district		Lucian Company & Page	in the constitution of
ice Re	b						
n Serv	d						
rograr	f	All other program service revenue .		119,404		- 19	
	<u>g</u> 3	Total. Add lines 2a-2f	ds, interest,	119,404 391			
	4 5	Income from investment of tax-exempt bond Royalties	.				
	_	(i) Real	(ii) Personal				
	6a b	Gross rents Less: rental expenses					
	d	Rental income or (loss) Net rental income or (loss)	▶	and the second second	and the destination of the second	more within my wife and	and the second of the second o
	7a	Gross amount from sales of (i) Securities assets other than inventory	(ii) Other				
		Less cost or other basis and sales expenses .					
	d d	Gain or (loss)	>	and the state of t		men serve de men en serve de la constante de l	Marine and Marine Samuel To
evenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
Other Reve		See Part IV, line 18 a					
ŏ	с 9а	Less: direct expenses b Net income or (loss) from fundraising eve Gross income from gaming activities. See Part IV, line 19 a	ents . ►				The state of the s
	c b	Less: direct expenses b Net income or (loss) from gaming activitie	es >			and the second second	The second secon
		Gross sales of inventory, less returns and allowances a		- '			
		Less: cost of goods sold b Net income or (loss) from sales of invento Miscellaneous Revenue	ory ►			La Live Anda	and the last surfaces of the Last
ŀ	11a b	IMISCENIA IEUUS NEVERIUE BE	Dames Code		. ,		ngangangahang meng diamentanggi ke-Ulanga
	c d	All other revenue					
		Total. Add lines 11a-11d		461.301			

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must cor	nplete all columns.			olumn (A).
	Check if Schedule O contains a respon				<u> U</u>
	ot include amounts reported on lines 6b, 7b, b, 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 domestic organizations and domestic governments. See Part IV, line 21	10,016	10,016	1	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	24,137	24,137		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				Control of the Contro
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	79,196	69,692	9,504	
6	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	88,938	78,265	10,673	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,601	3,169	432	
9	Other employee benefits	6,560		787	
10	Payroll taxes	13,303	11,707	1,596	
11	Fees for services (non-employees):				
a	Management	3,332		2 220	
b	Legal	7,557		3,332 7,557	
d	Lobbying	1,557	 	1,331	
e	Professional fundraising services. See Part IV, line 17			The same	
f	Investment management fees		<u></u>		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	43,171	43,171		
12	Advertising and promotion	22,172	22,172		
13	Office expenses	60,722		7,287	
14	Information technology	9,024		9,024	
15 [°]	Royalties				
16	Occupancy	19,811	17,434	2,377	
17	Travel	1,202	1,202		<u></u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest			<u> </u>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	6 270		6 070	
23	Insurance	6,370		6,370	
24	Other expenses. Itemize expenses not covered 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.)		, ,		
а	Telephone	4.267	3,755	512	<u> </u>
b	Postage	2,972	2,615	357	
С	Printing	7,327	6,448	879	
ď	Dues	2,408	2,408		
е	All other expenses	30,433	26,781	3,652	
25	Total functional expenses. Add lines 1 through 24e	446,519	382,180	64,339	
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 QQD /20:

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 6,600 6,520 1 2 286,659 2 3 3 4 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 organizations (see instructions). Complete Part II of Schedule L 6 Assets 7 Inventories for sale or use 8 Prepaid expenses and deferred charges . 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10c 55,126 11 Investments—publicly traded securities . . . 11 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments—program-related. See Part IV, line 11 13 14 14 15 15 293,179 303,639 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 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 Secured mortgages and notes payable to unrelated third parties . . . 23 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 53,917 49,595 25 26 Total liabilities. Add lines 17 through 25 53,917 49,595 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Balances complete lines 27 through 29, and lines 33 and 34. 27 239,262 27 254,044 28 28 Fund 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. ٥ Net Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 254,044 33 239,262 33 Total liabilities and net assets/fund balances 293.179 34 303.639

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Page	- 1	4

					90
Par	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	4	61,3	<u> 301</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	46.	519
3	Revenue less expenses. Subtract line 2 from line 1	3		14,	782
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2:	39,2	<u> 262</u>
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		21		
	33, column (B))	10		54,0	144
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· ·			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain ı	n 🚉		
	Schedule O.		2	13.8	
- 2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .				<u>X_</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled c	r 😣	3 67	٠,٠٠
	reviewed on a separate basis, consolidated basis, or both:				शुंध हैं।
	Separate basis Consolidated basis Both consolidated and separate basis		المستحدث	الماسا	منتثث
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a	a ASS	3	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		المستشار	أستنست	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account				
				X	وتيت
	If the organization changed either its oversight process or selection process during the tax year, exp. Schedule O.	лан н	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth i	1		and mile
	the Single Audit Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		э 📗		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dıts.	3b		
			Forn	990	(2015)

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

0MB No. 1545-0047 2015

Open to Public 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.

If the organization answered "Yes," on 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," on 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," on 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

Tax) (s	see separate instructions), t	then		·	
• S	ection 501(c)(4), (5), or (6) org	anizations: Complete Part III.			
	of organization			Employer ide	ntification number
	Kernersville	Chamber of Commerce	9	56-093	34946
Part	I-A Complete if th	e organization is exempt und	er section 501(c) or is a section 527	organization.
1	Provide a description of	the organization's direct and indire	ect political campa	aign activities in Part IV.	
2	Political expenditures .			▶ \$	S
3	Volunteer hours				
Part	-B Complete if th	e organization is exempt und	er section 501(c)(3).	
1		excise tax incurred by the organiz			}
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 > \$)
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this y	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organize		•	
		· · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
2		filing organization's funds contrib		•	
		ivities			
3		expenditures. Add lines 1 and 2			
				· · · · · · · · · · · · · · · · · · ·	
4		n file Form 1120-POL for this year			
5		ses and employer identification nu			
		ents. For each organization listed,			
		ontributions received that were pro I fund or a political action committe			
	as a separate segregated	Tund of a political action committee		Tital space is needed, prov	The information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds if none, enter -0	contributions received and promptly and directly
				<u> </u>	delivered to a separate
				•	political organization. If none, enter -0
				<u> </u>	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
		i .		1	1

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Page	4

Sch	edule C (Form 990 or 990-EZ) 2015					Page Z			
Pa	rt II-A Complete if the organization 501(h)).	tion is exempt	under section 5	01(c)(3) and file	ed Form 5768 (el	ection under			
A	Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).								
В	Check ► ☐ if the filing organization								
		bbying Expendit		·	(a) Filing	(b) Affiliated			
	(The term "expenditures" means amounts paid or incurred.) organization's totals group totals								
1	a Total lobbying expenditures to influen	ce public opinion	(grass roots lobb	vina)	1				
	b Total lobbying expenditures to influen								
	c Total lobbying expenditures (add lines								
	d Other exempt purpose expenditures	•							
	e Total exempt purpose expenditures (a	add lines 1c and 1	d)						
	 Lobbying nontaxable amount. Ente columns. 	r the amount fi	rom the followin	g table in both					
	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amour	ıt is:	1 1 1 1 1 1 1 1 1 1	and the state of t			
	Not over \$500,000		nount on line 1e.			K BLADAY			
	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.		國際組織的			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of						
	Over \$17,000,000	\$1,000,000.			1 1 1 1 1 1 1 1				
!	g Grassroots nontaxable amount (enter	25% of line 1f)							
	h Subtract line 1g from line 1a. If zero of	r less, enter -0-							
į	Subtract line 1f from line 1c. If zero or								
į	If there is an amount other than ze					☐ Yes ☐ No			
	reporting section 4911 tax for this year					Yes No			
	(Some organizations that made a s	he separate instr	ection do not hav uctions for lines	e to complete all 2a through 2f.)	of the five colum	ns below.			
	Lobbyi	ng Expenditures	During 4-Year A	veraging Period	,				
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total			
2	a Lobbying nontaxable amount								
	Lobbying ceiling amount (150% of line 2a, column (e))								
	Total lobbying expenditures	······	·						
(d Grassroots nontaxable amount								
(Grassroots ceiling amount (150% of line 2d, column (e))	34		1.0.1					
	Grassroots lobbying expenditures			1	1				

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Form	5768	3	
For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	3)		(b)	
desci	ption of the lobbying activity.	Yes	No	A	mour	ıt
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			
a b	Volunteers?					
c d	Media advertisements?					A STATE OF THE STA
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
j	Total. Add lines 1c through 1i	in me				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		[41		
b	If "Yes," enter the amount of any tax incurred under section 4912		``.'			
d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		سيفد	797	3,	7 T - 1-
Part		(5), c		<u> </u>	·	
					Yes	↓
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	<u> </u>
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	X	x
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes."		Part		line	3, is
1 2	Dues, assessments and similar amounts from members	of	1			
а	Current year	.	2a			
b	Carryover from last year	.	2b			
C	Total	. }	2c			
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of t excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbyi	he [3			
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	<u>. </u>	5			
Part	Supplemental Information e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	n lint	Dort	11 A I	 1	
	nstructions); and Part II-B, line 1. Also, complete this part for any additional information.	p iist,	, Pari	11-74, 11	nes i	anu

Schedule C (Form 990 or 990-EZ) 2015				
Part IV	Supplemental Information (continued)			
		,		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Kernersville Chamber of Commerce 56-0934946 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Par	Organizations Maintaining	Colle	ctions of	Art, His	storical	Treasure	s, or O	ther Similar	As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		sion, and o	ther reco	ords, che	ck any of t	he follo	wing that are	a sı	gnificant use of its
а	☐ Public exhibition					or exchar				
b	Scholarly research			e	☐ Othe	r				
С	C Preservation for future generations									
4	Provide a description of the organiza XIII.	ition's d	collections	and expl	ain how t	hey furthe	r the or	ganızatıon's e	xem	npt purpose in Par
5	During the year, did the organization assets to be sold to raise funds rather	r than t	o be mainta						mila	
Part									-	
_	Complete if the organization 990, Part X, line 21.									
1a	Is the organization an agent, trustee included on Form 990, Part X?									
b	If "Yes," explain the arrangement in P	art XIII	and compl	ete the fo	ollowing t	able:				
							<u> </u>		An	nount
c	Beginning balance						10	 		
d	Additions during the year						10			
е	Distributions during the year						10	_ 		
f	Ending balance						1			
2a	Did the organization include an amoun								-	
	If "Yes," explain the arrangement in P	art XIII.	Check ner	e if the e	xpianatio	n nas beer	n provid	ed on Part XII	<u></u>	<u> </u>
Par	Endowment Funds. Complete if the organization	ancui	orod "Voc	" on Fo	m 000 I	Dart IV lin	no 10			
	Complete ii the organization		urrent year		or year	(c) Two year		(d) Three years I	nack	(e) Four years back
1a	Beginning of year balance	(4)	- Jour	(-,		(0) ,		(4)	-	(6) 1 541 75415 5241
b	Contributions	 						 		
C	Net investment earnings, gains, and									
_	losses							ĺ		
d	Grants or scholarships		· ——·							
e	Other expenditures for facilities and									
_	programs					{				
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t	the curr	ent year er	d baland	e (line 1g	, column (a)) held	as:		<u> </u>
а	Board designated or quasi-endowmer	nt 🕨	-	%						
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶		%							
	The percentages on lines 2a, 2b, and	2c sho	uld equal 1	00%.						
За	Are there endowment funds not in the	e posse	ession of th	ie organi	zation tha	at are held	and ac	lmınistered for	the	
	organization by:									Yes No
	(i) unrelated organizations									3a(i)
	(ii) related organizations								•	3a(ii)
b	If "Yes" on line 3a(ii), are the related of						· · ·		•	3b
4	Describe in Part XIII the intended uses			on's endo	wment fu	inds.				
Part				" an Far	000 F)	. 44.	C C 00	۰ <u>۸</u> ۲	Dark V. line 40
	Complete if the organization Description of property		(a) Cost or ot			r other basis		Accumulated	70, r	(d) Book value
	Description of property		(investm		, , ,	ther)	,	epreciation		(a) Book value
1a	Land	· _						<u> </u>	├	
b	Buildings	· _		<u>SCHEI</u>	ULE A	TTACH	ED		ļ	
C	Leasehold improvements	• _							ļ	
d	Equipment	·			<u> </u>				<u> </u>	
e	Other	•			<u> </u>		<u></u>		<u> </u>	
Total.	Add lines 1a through 1e. (Column (d) m	nust eg	ual Form 99	90, Part X	K, column	(B), line 1	0c.)	<u></u> ▶	1	

Part VII	Complete if the organization and		rm 990. Part IV. line	e 11b. See Form	990. Part X. line 12.
	(a) Description of security or categor (including name of security)		(b) Book value	(c) Me	hod of valuation -of-year market value
(1) Financia	derivatives				
	neld equity interests				
(3) Other					
(A)					
(B) (C)			 		
(D)					
(E)					
(F)				·····	
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶				
Part VIII	Investments-Program Relate				
	Complete if the organization ans	wered "Yes" on Fo	rm 990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment	<u></u>	(b) Book value		hod of valuation of-year market value
(1)	· · · · · · · · · · · · · · · · · · ·				
(2)					· · · · · · · · · · · · · · · · · · ·
(3)					
(4)	·	·			
(5) (6)					
(7)					
(8)			 		
(9)					
	o) must equal Form 990, Part X, col. (B) line 13.)				The second second second
Part IX	Other Assets.				
	Complete if the organization ans		m 990, Part IV, line	11d. See Form	
	(a) Description			(b) Book value
(1)				· ·	
(2)					
(4)		··			
(5)					
(6)					
(7)					
(8)					· · · · · · · · · · · · · · · · · · ·
(9)					
	nn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		▶	
Part X	Other Liabilities.				
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, line	11e or 11f. See	Form 990, Part X,
1.	line 25.	A. Daakunka			,
(1) Federal in	(a) Description of liability	(b) Book value			
(2)	come taxes				
	EDULE ATTACHED		 .	•	
$\frac{(4)}{(4)}$	EDULE ATTACHED				
(5)			 •	· • • • • • • • • • • • • • • • • • • •	
(6)				, , ,	
(7)					The state of the s
(8)			-	-	
(9)					·
	must equal Form 990, Part X, col (B) line 25.)	49,59			
	uncertain tax positions. In Part XIII, provi				
organization's	liability for uncertain tax positions under	FIN 48 (ASC 740). Che	ck here if the text of the	footnote has been	provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per R Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	leturn.
1	Total revenue, gains, and other support per audited financial statements	1 461,301
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	401,301
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е		2e
3	Subtract line 2e from line 1	3 461,301
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		4c
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 461,301
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1 446,519
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	. 1
а	Donated services and use of facilities	57.
b	Prior year adjustments	310,
C	Other losses	
d	Other (Describe in Part XIII.)	كثب مث
е	<u> </u>	2e
3	Subtract line 2e from line 1	3 446,519
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b , . 4a	<u>(4.5)</u>
b	Other (Describe in Part XIII.)	tak se
с 5		4c 446,519
	XIII Supplemental Information.	3 440/313
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; IXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	

Schedule D (Fo		Page 3
Part XIII	Supplemental Information (continued)	

SCHEDULE ! (Form 990)

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

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

2015	Open to Public Inspection

OMB No. 1545-0047

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

°N □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Employer identification number 56-0934946 ⊠ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of non-cash assistance . (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? **General Information on Grants and Assistance** Kernersville Chamber of Commerce (e) 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization Part II Part I 4 (10) **©** 9 E 6) (12) Ξ 2 ල 8

Schedule I (Form 990) (2015)

Cat. No. 50055P

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

Page 2

Schedule (Form 990) (2015)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance recipients	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHEDULE ATTACHED	64	Each \$500 of less	0	0	0
2					
3					
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information		required in Part I, lir	e 2, Part III, colum	required in Part I, line 2, Part III, column (b), and any other additional information.	onal information.
Coordinated with schools which monitor the	ch monitor	nse of	the funds.		
			1		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
					Schedule I (Form 990) (2015)

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.

OMB No. 1545-0047

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.

Open to Public Inspection

Employer identification number

Kernersville Chamber of Commerce	56-0934946
Part VI, Line 11a:	
Form 990 is viewed by the Board of Directors at t	heir regular monthly
meeting before the return is filed.	
Part VI, Line 12a:	
Policy instituted in 2009 - All officers, director	rs 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 performa	ance appraisal
interview conducted by the Board Chair and 1st Vic	ce Chair.
Other 3 employees - written review done by the CEC	O, who is the
supervisor of the employees.	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization Kernersville Chamber of Commerce	Employer identification number 56-0934946
	70 0534540
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