

Return of Organization Exempt From Income Tax

2005

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2005 calendar year, or tax year beginning , 2005, and ending

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type See specific instructions

Community Culinary School of Charlotte, Inc.
2401-A Distribution Street
Charlotte, NC 28203

D Employer Identification Number
56-2051086

E Telephone number
704.375.4500

F Accounting method Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations**
- H (a)** Is this a group return for affiliates? Yes No
- H (b)** If 'Yes,' enter number of affiliates _____
- H (c)** Are all affiliates included? Yes No
(If 'No,' attach a list See instructions)
- H (d)** Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site: N/A

J Organization type (check only one) 501(c) **3** (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

I Group Exemption Number _____

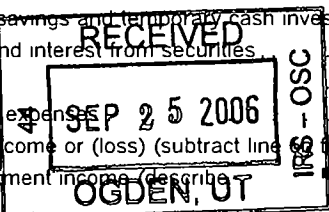
M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **446,725.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1	Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	212,357.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 212,357. noncash \$ _____)	1d		212,357.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		227,224.	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		3,144.	
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe _____)	7				
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b Less cost or other basis and sales expenses	8a			
	c Gain or (loss) (attach schedule) Statement 1	8b	1,578.		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	-1,578.		
8d				-1,578.	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	4,000.		
	b Less direct expenses other than fundraising expenses	9b	2,460.		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		1,540.		
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				
10c					
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		442,687.	
E EXPENSES	13 Program services (from line 44, column (B))	13		377,195.	
	14 Management and general (from line 44, column (C))	14		27,649.	
	15 Fundraising (from line 44, column (D))	15		37,475.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		442,319.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		368.	
A NET ASSETS	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		291,642.	
	20 Other changes in net assets or fund balances (attach explanation)	20			
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		292,010.	

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	0.	0.	0.	0.
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a <u>Scheduled - see attached</u>	43a	442,319.	377,195.	27,649.	37,475.
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
f -----	43f				
g -----	43g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	442,319.	377,195.	27,649.	37,475.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

BAA

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>Job training</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>See Statement 3</u> ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	377,195.
b ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	377,195.

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Part IV Balance Sheets (See Instructions)

				(A)		(B)	
				Beginning of year		End of year	
ASSETS	45	Cash – non-interest-bearing		147,631.	45	153,010.	
	46	Savings and temporary cash investments		75,000.	46	77,232.	
	47 a	47 a	1,228.				
		b	Less allowance for doubtful accounts		703.	47 c	1,228.
	48 a	48 a					
		b	Less allowance for doubtful accounts			48 c	
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51 a	51 a	Other notes & loans receivable (attach sch)				
		b	Less allowance for doubtful accounts			51 c	
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges			53		
	54	Investments – securities (attach schedule)			54		
	55 a	55 a	Investments – land, buildings, & equipment, basis				
	b	Less accumulated depreciation (attach schedule)			55 c		
56	Investments – other (attach schedule)			56			
57 a	57 a	Land, buildings, and equipment basis	108,411.				
	b	Less accumulated depreciation (attach schedule)					
		Statement 4	47,871.	68,308.	57 c	60,540.	
58	Other assets (describe ▶ _____)			58			
59	Total assets (must equal line 74) Add lines 45 through 58			291,642.	59	292,010.	
LIABILITIES	60	Accounts payable and accrued expenses			60		
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64 a	Tax-exempt bond liabilities (attach schedule)			64 a		
		b	Mortgages and other notes payable (attach schedule)			64 b	
	65	Other liabilities (describe ▶ _____)			65		
66	Total liabilities. Add lines 60 through 65			0.	66	0.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.						
	67	Unrestricted		273,819.	67	283,757.	
	68	Temporarily restricted		17,823.	68	8,253.	
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		291,642.	73	292,010.	
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73		291,642.	74	292,010.	

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	442,687.
b	Amounts included on line a but not on Part I, line 12		b	
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	442,687.
d	Amounts included on Part I, line 12, but not on line a :		d	
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	442,687.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	442,319.
b	Amounts included on line a but not on Part I, line 17		b	
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	442,319.
d	Amounts included on Part I, line 17, but not on line a :		d	
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	442,319.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Linda Vogler ----- Charlotte, NC	Exec Director 0	55,045.	0.	0.
Volunteer board of directors None are compensated See list attached,	Volunteer 0	0.	0.	0.
Ronald Ahlert ----- Charlotte, NC	Exec. Director 0	26,000.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) Yes No

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings ▶ 3

75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) X

75c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? X

Note. Related organizations include section 509(a)(3) supporting organizations

If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization

75d Does the organization have a written conflict of interest policy? X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.) Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes X

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X

78b If 'Yes,' has it filed a tax return on Form 990-T for this year? N/A

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement X

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? X

80b If 'Yes,' enter the name of the organization ▶ N/A

and check whether it is exempt or nonexempt

81a Enter direct and indirect political expenditures. (See line 81 instructions) 81 a 0.

81b Did the organization file Form 1120-POL for this year? X

Part VI Other Information (continued)	Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b _____		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
83b _____		
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
84b _____		
85 <i>501(c)(4), (5), or (6) organizations</i> a Were substantially all dues nondeductible by members?	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members	N/A	
85c _____		
d Section 162(e) lobbying and political expenditures	N/A	
85d _____		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85e _____		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85f _____		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85g _____		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
85h _____		
86 <i>501(c)(7) organizations</i> Enter a Initiation fees and capital contributions included on line 12	N/A	
86a _____		
b Gross receipts, included on line 12, for public use of club facilities	N/A	
86b _____		
87 <i>501(c)(12) organizations</i> Enter a Gross income from members or shareholders	N/A	
87a _____		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
87b _____		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
88 _____		
89a <i>501(c)(3) organizations.</i> Enter Amount of tax imposed on the organization during the year under section 4911 ▶ <u>0.</u> , section 4912 ▶ <u>0.</u> , section 4955 ▶ <u>0.</u>		
b <i>501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
89b _____		
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90a List the states with which a copy of this return is filed ▶ <u>None</u>		
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	0	
90b _____		
91a The books are in care of ▶ <u>Ron Ahlert</u> Telephone number ▶ <u>704.375.4500</u> Located at ▶ <u>2401-A Distribution St; Charlotte, NC,</u> ZIP + 4 ▶ <u>28203</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____	Yes	No
91b _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶ _____	Yes	No
91c _____		X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	N/A
92 _____		

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue.					
a Sales of Food					227,224.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	3,144.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-1,578.
101 Net income or (loss) from special events			1	1,540.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				4,684.	225,646.
105 Total (add line 104, columns (B), (D), and (E))					230,330.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	Food produced by training activities is sold to defray the costs of the training.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A				

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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

Please Sign Here

Signature of officer: [Signature]
 Type or print name and title: Lon ALBERTI Director

Paid Preparer's Use Only

Preparer's signature: [Signature]
 Firm's name (or yours if self-employed), address, and ZIP+4: C. DeWitt Poard & Co, PA, CP
 1001 Morehead Square Dr., Ste
 Charlotte, NC 28203

**SCHEDULE A
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545 0047

2005

Name of the organization **Community Culinary School of Charlotte, Inc.** Employer identification number **56-2051086**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	▶	0		

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	▶	0

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None'. See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	▶	0

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

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See instructions.)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>		X
2a Sale, exchange, or leasing of property?		X
2b Lending of money or other extension of credit?		X
2c Furnishing of goods, services, or facilities?		X
2d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
2e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)		X
3b Do you have a section 403(b) annuity plan for your employees?		X
3c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
4b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school. Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization. **▶** Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	273,500.	161,127.	237,946.	217,954.	890,527.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	210,953.	160,655.	129,544.		501,152.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,006.	1,162.	937.	2,611.	5,716.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0.
23 Total of lines 15 through 22	485,459.	322,944.	368,427.	220,565.	1,397,395.
24 Line 23 minus line 17	274,506.	162,289.	238,883.	220,565.	896,243.
25 Enter 1% of line 23	4,855.	3,229.	3,684.	2,206.	

26 Organizations described on lines 10 or 11:

a Enter 2% of amount in column (e), line 24 N/A ▶ **26a** _____

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. ▶ **26b** _____

c Total support for section 509(a)(1) test. Enter line 24, column (e). ▶ **26c** _____

d Add Amounts from column (e) for lines **18** _____ **19** _____
22 _____ **26b** _____ ▶ **26d** _____

e Public support (line 26c minus line 26d total) ▶ **26e** _____

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** _____ %

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.
 (2004) _____ 0. (2003) _____ 0. (2002) _____ 0. (2001) _____ 0.

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.
 (2004) _____ 0. (2003) _____ 0. (2002) _____ 0. (2001) _____ 0.

c Add Amounts from column (e) for lines **15** _____ **16** _____
17 _____ **20** _____ **21** _____ ▶ **27c** 1,391,679.

d Add Line 27a total _____ 0. and line 27b total _____ 0. ▶ **27d** 0.

e Public support (line 27c total minus line 27d total) ▶ **27e** 1,391,679.

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ **27f** 1,397,395.

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** 99.59 %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** 0.41 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement) ----- ----- -----		
32a	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
33a	a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
34b	b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)

(a)
Affiliated group
totals

(b)
To be completed
for ALL electing
organizations

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table –	41		
	If the amount on line 40 is –			
	Not over \$500,000			
	Over \$500,000 but not over \$1,000,000			
	Over \$1,000,000 but not over \$1,500,000			
	Over \$1,500,000 but not over \$17,000,000			
	Over \$17,000,000			
	The lobbying nontaxable amount is –			
	20% of the amount on line 40			
	\$100,000 plus 15% of the excess over \$500,000			
	\$175,000 plus 10% of the excess over \$1,000,000			
	\$225,000 plus 5% of the excess over \$1,500,000			
	\$1,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720				

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities (See instructions)
 (For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Yes	No	Amount

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
(ii) Other assets
b Other transactions
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

Table with 3 columns: Question, Yes, No. Rows include 51 a (i), a (ii), b (i), b (ii), b (iii), b (iv), b (v), b (vi), and c.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. First row contains N/A.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X)

b If 'Yes,' complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. First row contains N/A.

COMMUNITY CULINARY SCHOOL OF CHARLOTTE, INC.**Part II - Statement of Functional Expenses****56-2051086****Year Ended December 31, 2005**

	<u>Program Expenses</u>	<u>Management and General</u>	<u>Fundraising</u>	<u>2005 TOTAL</u>
<i>PERSONNEL</i>				
Salaries	\$ 186,771	\$ 15,605	\$ 28,805	\$ 231,181
Contracted services	28,129	2,456	-	30,585
Payroll taxes	16,336	1,364	2,519	20,219
Benefits	24,890	2,079	3,838	30,807
Total	<u>256,126</u>	<u>21,504</u>	<u>35,162</u>	<u>312,792</u>
<i>OTHER EXPENSES</i>				
Food	61,953	-	-	61,953
Supplies	22,412	1,696	910	25,018
Student stipends	4,610	-	-	4,610
Depreciation	8,148	681	1,257	10,086
Telephone	10,639	560	-	11,199
Insurance	5,490	1,541	-	7,031
Travel	4,263	113	-	4,376
Educational	1,523	-	-	1,523
Printing and postage	893	376	25	1,294
Dues and meetings	355	441	-	796
Public relations	783	66	121	970
All other	-	671	-	671
Total	<u>121,069</u>	<u>6,145</u>	<u>2,313</u>	<u>129,527</u>
TOTAL EXPENSES	<u><u>\$ 377,195</u></u>	<u><u>\$ 27,649</u></u>	<u><u>\$ 37,475</u></u>	<u><u>\$ 442,319</u></u>

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	Community Culinary School of Charlotte, Inc.	56-2051086
	Number, street, and room or suite number If a P O box, see instructions	For IRS use only
	2401-A Distribution Street	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	Charlotte, NC 28203	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in care of **Ron Ahlert**
 Telephone No **704.375.4500** FAX No. _____

• If the organization does **not** have an office or place of business in the United States, check this box

• If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) _____ . If this is for the **whole group**, check this box . If it is **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 2006.

5 For calendar year 2005, or other tax year beginning _____, 20____, and ending _____, 20____

6 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period

7 State in detail why you need the extension The Organization is currently undergoing an audit of their financial statements. As soon as the audit is completed, the Form 990 will be prepared based on the final audited amounts.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Signature] Title C DeWitt Foard & Co, PA, CPAs Date 8/4/06

1001 Morehead Square Dr., Ste 450
Charlotte, NC 28203

Notice to Applicant – to be completed by the IRS

We **have** approved this application Please attach this form to the organization's return

We **have not** approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization's return

We **have not** approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period.

We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested

Other _____

Director _____ By _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	C. DeWitt Foard & Co, PA, CPAs
	Number and street (include suite, room, or apartment number) or a P O box number
	1001 Morehead Square Dr., Ste. 450
	City or town, province or state, and country (including postal or ZIP code)
	Charlotte, NC 28203

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization Community Culinary School of Charlotte, Inc.	Employer identification number 56-2051086
	Number, street, and room or suite number If a P O box, see instructions 2401-A Distribution Street	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions Charlotte, NC 28203	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **Ron Ahlert**
Telephone No. **704.375.4500** FAX No. _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15, 2006.

5 For calendar year 2005, or other tax year beginning _____, 20____, and ending _____, 20____.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension: The Organization is currently undergoing an audit of their financial statements. As soon as the audit is completed, the Form 990 will be prepared based on the final audited amounts.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Signature] Title: C DeWitt Foard & Co, PA, CPAs Date: 8/14/06

Notice to Applicant – To be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension prepared to an address different than the one entered above

Type or print	Name C. DeWitt Foard & Co, PA, CPAs
	Number and street (include suite, room, or apartment number) or a P O. box number 1001 Morehead Square Dr., Ste. 450
	City or town, province or state, and country (including postal or ZIP code) Charlotte, NC 28203

EXTENSION APPROVED
AUG 22 2006
FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN

www.culinaryschool.com

Community Culinary School of Charlotte
2401-A Distribution Street
Charlotte, NC 28203
704-375-4500 Fax: 704-347-0258
e-mail: nancy@communityculinary.org

Board of Directors 2006
(Operating)

Alecia Y. Bracy

1208 Wembley Drive
Charlotte, NC 28205-5530
Home phone: 704-568-4418
e-mail: yab7@aol.com
Term Commencement: 1-2002
Term expires: 12-31-2007

Carla Suzanne Bumgarner

President
Resources Employment Services, Inc.
8604 Cliff Cameron Drive, Suite 130
Charlotte, NC 28269
Work phone: 704-548-8102 x 202
Work fax: 704-548-1252
e-mail:
sbumgarner@resourcesemployment.com
4012 Tamerlane Drive
Charlotte, N.C. 28205
Home phone: 704-568-1374
Term Commencement: 1-2004
Term expires 12-31-2007

Sibyl Durant

Assistant Kitchen Manager
Friendship Trays
2401-B Distribution Street
Charlotte, NC 28203
Work phone: 704-333-9229
2037 Highland Street
Charlotte, NC 28205
Home phone: 704-697-0745
SDurant@friendshiptrays.org
Term Commencement: 1-2004
Term expires: 12-31-2007

Julie Hennecy

e-mail: jhennecy@carolina.rr.com
800 Water Wheel Court
Charlotte, NC 28209
Home Phone: 704-529-3940
Cell: 704-968-3940
Term Commencement: 1-2005
Term expires: 12-31-06

Jerri L. Kidder

Personal Career Coach
7306 Kinsmore Lane
Charlotte, NC 28269
Work phone: 704-921-3221
e-mail: jerri53@aol.com
Term Commencement: 4-2005
Term expires 12-31-06

Captain George Andrew Leonard

City of Charlotte Police Department
601 East Trade Street
Charlotte, NC 28202
Work phone: 704-398-6720
Work fax: 704-398-6701
e-mail: gleonard@cmpd.org
Term Commencement: 4-2005
Term expires 12-31-2006

H. Joseph Machicote (President)

VP, Ombudsman
Legal Department
Compass Group
2400 Yorkmont Road
Charlotte, NC 28217
Work Phone 704-328-4268
Work Fax 704-295-5139
e-mail: joseph.machicote@compass-usa.com
9512 Autumn Applause Drive
Charlotte, NC 28277
Home phone: 704-543-8615
Term Commencement: 1-2003
Term expires: 12-31-06

Kermit L. Murphy

Vice President
US Trust Company
525 North Tryon Street, Suite 1900
Charlotte, NC 28202
Work Phone: 704-379-6631
e-mail: Kermit_Murphy@ustrust.com
Home Phone: 704-756-6799
Term Commencement: 1-2006
Term expires: 12-31-07

Bernice Parenti (Vice President)

Community Outreach Coordinator
Johnson & Wales University
801 West Trade Street
Charlotte, NC 28202
Work Phone: 980-598-1005
e-mail: Bernice.parenti@jwu.edu
Term Commencement: 9-2003
Term expires 12-31-07

Joyce Bonaventura Poole

Market Impact Associates
PO Box 3573
Huntersville, NC 28070
Work Phone: 704-875-8990
Work Fax: 704-947-2598
e-mail:
JoycePoole@MarketImpactAssociates.com
Home phone: 704-617-1074
Term Commencement: 1-2005
Term expires 12-31-06

Cynthia V. Scherbaty

President
ProActive Food Safety Training
9114 Glisson Court
Charlotte, NC 28210
Work Phone: 704-591-3112
Work Fax: 552-0314
e-mail: cscherbaty@mindspring.com
Home phone: 704-556-1366
Term Commencement: 1-2004
Term expires: 12-31-07

James Scherbaty

Vice President
A La Carte Enterprises, Inc.
9114 Glisson Court
Charlotte, NC 28210
Work Phone: 704-614-6110
Work Fax: 704-552-0314
e-mail: jscherbaty@mindspring.com
Term Commencement: 4-2005
Term expires 12-31-06

Benjamin F. Sidbury

Alston & Bird LLP
101 South Tryon Street, Suite 4000
Charlotte, NC 28280-4000
Work Phone: 704-444-1056
Work Fax 704-444-1111

Bsibury@alston.com

325 Queens Road #1
Charlotte, NC 28204
Phone: 70-376-5305

Term Commencement: 1-2004

Term expires: 12-31-07

David B. Smith

Piedmont Natural Gas
4339 South Tryon Street
Charlotte, NC 28217
Work phone: 704-525-5585⁶⁹⁵⁶x7340

email: david.smith@piedmontng.com

409 Wilcrest Drive

Matt hews, NC 28105

Home phone: 704-847-0560

Term Commencement: 1-2005

Term expires: 12-31-06

Steve B. Smith

Steve B. Smith & Co. P.A. President
119 Cherokee Road
Charlotte, NC 28207
Work Phone: 704-375-5004
Work Fax: 704-344-9868

e-mail: stevebsmithandco@aol.com

Cell: 704-564-4849

Term Commencement: 3-2003

Term expires: 12-31-07

Penny Sommer

Vice President, Business Development
10800 Sikes Place, Suite 200
Charlotte, NC 28277
Work Phone: 704-847-0340

e-mail: penny_sommer@lhh.com

Term Commencement: 4-2005

Term expires: 12-31-06

Elsa M. Thompson-Kelly

Director IT Services
Eyeing Consulting Services
5600 C Strawberry Hill Drive
Charlotte, NC 28211

Work Phone: 704-877-0110

e-mail: thompsonkelly@bellsouth.net

Term Commencement: 1-2006

Term expires: 12-31-07

Angela M. Tinnell (Angie)

Meridian Resources, Inc.
17105 Kenton Drive, Suite 201-C
Cornelius, NC 28031

Work Phone: 704-895-5137

Work Fax 704-895-5153

atinnell@meridiansite.com

8716 Highland Ridge Lane

Charlotte, NC 28216

Cell: 704-408-0350

Term Commencement: 1-2005

Term expires: 12-31-06

James R. Wagner

(Immediate Past President)

Provident Builders, Inc.
2714 Normandy Road
Charlotte, NC 28209
Work Phone: 704-401-6466
2714 Normandy Road
Charlotte, NC 28209

Home Phone: 704-335-8441

Cell: 704-401-6466

tribew@carolina.rr.com

Term Commencement: 2-2002

Term expires: 12-31-07

Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Other Assets

Description:	Laptop		
Date Acquired:	11/01/2001		
How Acquired:	Purchase		
Date Sold:	6/15/2005		
To Whom Sold:	Various unrelated entities		
Gross Sales Price:	0.		
Cost or Other Basis:	390.		
		Gain (Loss)	-390.

Description:	Security system		
Date Acquired:	6/01/2002		
How Acquired:	Purchase		
Date Sold:	6/15/2005		
To Whom Sold:	Various unrelated entities		
Gross Sales Price:	0.		
Cost or Other Basis:	300.		
		Gain (Loss)	-300.

Description:	Toshiba laptop		
Date Acquired:	6/01/2003		
How Acquired:	Purchase		
Date Sold:	6/15/2005		
To Whom Sold:	Various unrelated entities		
Gross Sales Price:	0.		
Cost or Other Basis:	888.		
		Gain (Loss)	-888.

Total Gain (Loss) Other Assets \$ -1,578.

Total Net Gain (Loss) From Noninventory Sales \$ -1,578.

Statement 2
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

<u>Special Events</u>	<u>Gross Receipts</u>	<u>Less Contri- butions</u>	<u>Gross Revenue</u>	<u>Less Direct Expenses</u>	<u>Net Income (Loss)</u>
Golf/tennis	4,000.	0.	4,000.	2,460.	1,540.
Total	\$ <u>4,000.</u>	\$ <u>0.</u>	\$ <u>4,000.</u>	\$ <u>2,460.</u>	\$ <u>1,540.</u>

Statement 3
Form 990, Part III, Line a
Statement of Program Service Accomplishments

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
The Organization helps people struggling with unemployment and poverty gain the skills they need for jobs that offer a living wage, benefits, and opportunity for advancement. While they are learning, students help their community by recycling surplus food into meals for agencies that serve people in need.		377,195.
Includes Foreign Grants: No		
	<u>\$ 0.</u>	<u>\$ 377,195.</u>

Statement 4
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

<u>Category</u>	<u>Basis</u>	<u>Accum. Deprec.</u>	<u>Book Value</u>
Machinery and Equipment	\$ 41,359.	\$ 36,052.	\$ 5,307.
Improvements	67,052.	11,819.	55,233.
Total	<u>\$ 108,411.</u>	<u>\$ 47,871.</u>	<u>\$ 60,540.</u>