Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year
may use this form.

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

2009

OMB No. 1545-1150

Open to Public Inspection

Α	For	the 2009 calendar ye	ear, or tax year beginning	, 2009, and en	ıdina		
В	Chec	k if applicable:	C	· · · · · · · · · · · · · · · · · · ·		ployer	dentification number
	Addr	ess change use IRS (Community Culinary School of	Charlotte.	₅	6-20	51086
	Nami		Inc.	. 41.4110000,			number
-	1	il return type.	2401-A Distribution Street				
-	₹ .	ination Specific (Charlotte, NC 28203		<u>'</u>	04.3	175.4500
-	1	nded return linstruc- tions.			F Gr	oup E	xemption
	Appli	ication pending					
		• Section 501(c)(3) must attac	organizations and 4947(a)(1) nonexempt cha ch a completed Schedule A (Form 990 or 990	aritable trusts I-EZ).	G Accounting metho Other (specify) ►	d: [X	Cash Accrual
,	Wel	bsite: ► N/A			H Check ► if	he or	ganization is not dule B (Form 990,
ì		exempt status (check only	y one) — X 501(c) (3) ◄ (insert no.)	4947(a)(1) or 527	990-EZ, or 990-PF	30ne 1).	dule B (FOITI 990,
ĸ			nization is not a section 509(a)(3) supporting			, .	ot mare then
	\$25	,000. A Form 990-EZ	or Form 990 return is not required, but if the	e organization chooses	to file a return, be su	re to f	ile a complete return.
L	Add	lines 5b, 6b, and 7b	o, to line 9 to determine gross receipts; if \$50	0,000 or more, file For	m 990		
1 0-	insti art I	eau oi rorm 990-EZ.	Annual and Change in Not A			► \$	441,012.
1	_		xpenses, and Changes in Net Asse	ets or Fund Balan	ces (See the insti		
	1	Contributions, gitts	s, grants, and similar amounts received			1	168,359.
	2	Program service re	evenue including government fees and contra	acts		2	245,314.
	3		and assessments			3	
	4	investment income	9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4	2,622.
			n sale of assets other than inventory		***************************************		
5	-	b Less; cost or other	basis and sales expenses	5b			
Ë		C Gain or (loss) from sale	e of assets other than inventory (Subtract In 5b from In 5	a), ,		5c	
REVENU	6		vities (complete applicable parts of Schedule G). If any a		k here		
	'	a Gross revenue (no		tributions			
E		reported on line 1)		6a	24,717.		
			ses other than fundraising expenses		4,437.		
			om special events and activities (Subtract line 6b from li		, , , <i>, ,</i> , , , , , , , , , , ,	6с	20,280.
			entory, less returns and allowances				
			s) from sales of inventory (Subtract line 7b f			7с	
	8			rom mile /a)			
	9	,				8	42C F7E
	10	Orante and similar	d lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9	436,575.
	11	Populita poid to an	amounts paid (attach schedule)	• • • • • • • • • • • • • • • • • • • •		10	·
Ę	12	Salariae ather con	for members			11	243 FAE
EXP EN	13	Professional francis	mpensation, and employee benefits			12	243,525.
	14	Occupancy rept u	and other payments to independent contractoutilities, and maintenance	ors		13	55,945.
S E	15	Printing publication	ns, postage, and shipping			14 15	243.
S	16	Other expenses (describe	e ► Sec Statement 1		\ 1		
	17		dd lines 10 through 16) <u> </u>	16 17	137,534. 437,247.
**********	18	Excess or (deficit)	for the year (Subtract line 17 from line 9)			18	437,247. -672.
Ā			•			10	-012.
N S E E T	13	figure reported on	balances at beginning of year (from line 27, prior year's return)	column (A)) (must agr	ee with end-of-year	19	459,333.
'Т	20	Other changes in n	net assets or fund balances (attach explanati	on)	· · · · · · · · · · · · · · · · · · ·	20	300,000.
S	21		balances at end of year. Combine lines 18 tl			21	458,661.
Pa	irt II	Balance Sho	eets. If Total assets on line 25, column (B)	are \$1,250,000 or more	e, file Form 990 instea		orm 990-F7
	•		(See the instructions for Part II,)	+ · (===+,000 0; 110)	(A) Beginning of yea		(B) End of year
22	. Ca	ash, savings, and inv	restments		405,547		403,723.
23			*************************************				41,611.
24	Ot	her assets (describe	► <u>See Statement 2</u>		8,770		13,327.
25	To	otal assets			459,333		458,661.
26		otal liabilities (describ					430,001.
27			ances (line 27 of column (B) must agree with	_, n line 21)	459,333		458,661.

Forn	n 990-EZ (2009) Community C	ulin	ary School of Char	lotte,	5.6	-20	51086 Page 2
-	rt III Statement of Progra	m Se	rvice Accomplishment	s (See the instruct	ons.)]_	Expenses
What	is the organization's primary exempt purpose	? Se	e Statement 3			[Rec	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional
Desc	cribe what was achieved in carrying cribe the services provided, the num	out th	e organization's exempt purp	oses. In a clear and cor	cise manner.	orga	c)(3) and (4) nizations and section
nrog	cribe the services provided, the num gram title.	nber of	persons benefited, or other r	elevant information for	each	4947	(a)(1) trusts; optional
	·	د. و د اد	-i CODO -i		-	for o	thers,)
20		급구자	ision of cost that	<u>provides a rul</u>	<u>l_service_</u>	ļ	
	catering to clients.	Curi	<u>ent students in CC</u>	SC's program a	nd Alumni		
	are offered work on	asso	orted catering jobs	š.]	
	(Grants \$		is amount includes foreign gr			28a	189,252.
29	Caa Chahamana A					204	189,232.
	Dee Dracement 4					1	
						j	
						1	
	(Grants \$) If th	is amount includes foreign gr	ants check here		29 a	166,565.
30		,		arto, oncon nora , , .		200	100,303.
-						-	
]	
						1	
	(Grants \$) If th	is amount includes foreign gr	ants, check here		30 a	
31	Other program services (attach so	hedule	·) , . ,				
	(Grants \$) If th	is amount includes foreign gr	ants, check here	▶ □	31 a	
32	Total program service expenses (add lin	es 28a through 31a)		· · · · · · · · · · · · · · · · · · ·	32	355,817.
Par	t IV List of Officers Dire	ctore	Trustons and Kay En			32,	333,617.
1 41	List of Officers, Dire	CLUIS	, Trustees, and Key En	ipioyees. List each o			
	(a) Name and address		(b) Title and average hours	(c) Compensation (If	(d) Contributions	to _	(e) Expense account
	(a) Name and address		per week devoted to position	not paid, enter -0)	employee benefit pla deferred compensa	ns and	and other allowances
			to position		deterred compensa	HUOD	
See	Statement 5			60,500.	3.8	304.	0.
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Pai	1990-EZ (2009) Community Culinary School of Charlotte, 56-205108 1 V Other Information (Note the statement requirements in the instrs for Part V.) See St	atem	ent	⊃age 6
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		$\frac{1}{X}$
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?			X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
7 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. > 37a 0.			1
	Did the organization file Form 1120-POL for this year?	37 b		X
8a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X
	If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0.; section 4912 ► 0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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.	40 ь		x
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
7	List the states with which a copy of this return is filed ► None			
2a	The organization's books are in care of ► Bonnie O'Rourke Telephone no. ► 704.3 Located at ► 2401-A Distribution St Charlotte NC ZIP+4 ► 28203	<u>75.4</u>	500	
	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)?	42b	Yes	No X
	If 'Yes,' enter the name of the foreign country; ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X

RΔΔ	TELE POLICE OF COLOR	C 000	F7 /	(2000)
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	45		Х
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х
			Yes	No
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			1 1	, -

	501(c)(3) 46-49b ar	organizations and send complete the table	ction 4947(a)(1) n	onexempt cha	ritable trusts must an	swer ques	tions	'I I
46 Did t	he organization	engage in direct or indirec	t political campaign ac	tivities on behalf o	f or in apposition to applie	Istas	Yes	No
for p	aplic office? If ,	Yes, complete Schedule C	;, Part I			46		X
47 Did t	he organization	engage in lobbying activiti	es? If 'Yes,' complete :	Schedule C, Part I	II	47		X
48 Is the	e organization a	a school as described in se	ction 170(b)(1)(A)(ii)? I	f 'Yes,' complete s	Schedule E	48		X
49 a Did t	he organization	make any transfers to an	exempt non-charitable	related organization	on?	49	a	X
b If 'Ye	es,' was the rela	ated organization a section	527 organization?,			49	ь	
50 Com empl	plete this table loyees) who ead	for the organization's five high received more than \$100	nighest compensated e 0,000 of compensation	mployees (other the from the organization)	nan officers, directors, trust tion, if there is none, enter	tees and key		
		of each employee paid 1 \$100,000	(b) Title and average hours per week devoted to position	(c) Compensatio		yee (e) i	Expense ount and allowance	s
None								
f Total	number of other	er employees paid over \$10	20.000					
comp	bensauor nom i	for the organization's five he had a find the organization. If there is address of each independent control	none, enter 'None.'		(b) Type of service		npensatio	
None						1	· · · · · · · · · · · · · · · · · · ·	

177 / /								
a rotai	number of othe	er independent contractors	each receiving over \$1	00,000				
	Under penalties of	periury I declare that I have exam	iand this robus insteading and					
	true, correct, and	perjury, I declare that I have exam complete. Declaration of preparer (other than officer) is based on	all information of which	nd statements, and to the best of m I preparer has any knowledge.	iy knowledge and	d belief, it	is
C!					ı			
Sign Here	Signature of o	fficer			<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
11616	Ronald				Date			
	Type or print r				Executive Dir	ec.		
				Date		Preparer's Idea	difuine No	mher
Paid	Preparer's signature			Date	Check if self-	Preparer's Iden (See instruction	ns)	111021
Pre-	Firm's name (or	C. DeWitt Foard	& Co, PA, CPAs	<u> </u>	employed •	N/A		***************************************
parer's Use	yours if self-	1001 Morehead Sc				NT / 74		
Ose Only	employed), address, and ZIP + 4	Charlotte, NC 28		:JU	EIN >	· N/A	7575	,
	<u> </u>	eturn with the preparer sho	******	tions			-1515	
BAA		order and brebarer art	apove: 264 III2(/U(2001 IS		►[X] Ye	90-EZ	No (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Employer Identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Community Culinary School of Charlotte,

Inc 56-2051086 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is; (For lines 1 through 11, check only one box.) 1 A church, convention of churches or association of churches described in section 170(bx1xAxi). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(ii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X 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 exempt 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 9 June 30, 1975. See **section 509(a)(2).** (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety, See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type II C Type III - Functionally integrated Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization?..... 11 g (i) a family member of a person described in (i) above?..... 11 g (il) 11 g (iii) Provide the following information about the supported organizations h (iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions)) (I) Name of Supported (II) EIN (v) Did you notify the organization in col. (I) of your support? (iv) is the (vi) is the (vii) Amount of Support rganization in col (I) listed in your organization in col. (I) organized in the Organizatio governing document? U.S.? Yes No Yes No Yes No Total

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

Schedule A (Form 990 or 990-EZ) 2009

Sch	edule A (Form 990 or 990-EZ) 200	9 Communit	y Culinary	School of (Charlotte,	56-2051086	Page 2
Pa	rt II Support Schedule for	Organization:	s Described ir	າ Sections 170	(b)(1)(A)(iv) a	nd 1 <mark>70(b)(1)(A</mark>)	(vi)
50.	(Complete only if you check	ed the box on line	5, 7, or 8 of Part	1.)			
beg	endar year (or fiscal year inning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants,')		· · · · · · · · · · · · · · · · · · ·				
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unait without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income, Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	tructions)	**********	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	First five years. If the Form 990 i organization, check this box and	stop here		d, third, fourth, o	fifth tax year as	a section 501(c)(3)	▶ □
	tion C. Computation of Pu						·····
	Public support percentage for 20						%
	Public support percentage from 2						<u>%</u>
168	33-1/3 support test — 2009. If the and stop here. The organization	organization did qualifies as a pub	not check the box licly supported or	on line 13, and t	he line 14 is 33-1/ 	/3 % or more, chec	k this box
ŧ	33-1/3 support test — 2008. If the and stop here. The organization	organization did	not check a box o	n line 13. or 16a.	and line 15 is 33-	1/3% or more, chec	rk this hay
	a 10%-facts-and-circumstances tea or more, and if the organization the organization meets the 'facts	meets the 'facts-a -and-circumstance	nd-circumstances es' test. The orga	' test, check this t anization qualifies	oox and stop here as a publicly supp	 Explain in Part IV ported organization 	how ▶ □
Ł	o 10%-facts-and-circumstances te or more, and if the organization i organization meets the 'facts-and	meets the facts a	nd-circumstances	' test, check this t	nox and stop here	. Evolain in Part IV	how the

Schedule A (Form 990 or 990-EZ) 2009 Community Culinary School of Charlotte, Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do	212 257					
2	not include 'unusual grants.') Gross receipts from	212,357.	206,893.	237,585.	177,386.	168,359.	1,002,580.
2	admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						
_	purpose	231,224.	259,695.	331,268.	325,673.	270,031.	1,417,891.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	443,581.	466,588.	568,853.	503,059.	438,390.	2,420,471.
7 2	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						0.
	year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	<u> </u>	0.	0.	0.	0.
8	Public support (Subtract line						
	7c from line 6.)						2,420,471.
	tion B. Total Support	4) 0005	41			· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9		443,581.	466,588.	568,853.	503,059.	438,390.	2,420,471.
Cale 9 10 a	Amounts from line 6	443,581. 3,144.	466,588. 4,161.	568,853. 6,780.	503,059. 5,186.	438,390. 2,622.	2,420,471. 21,893. 0.
Cale 9 10 a	Amounts from line 6	443,581.	466,588.	568,853.	503,059.	438,390.	2,420,471.
Cale 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.	443,581. 3,144.	466,588. 4,161.	568,853. 6,780.	503,059. 5,186.	438,390. 2,622.	2,420,471. 21,893. 0. 21,893.
Cale 9 10 a b	Amounts from line 6	443,581. 3,144.	466,588. 4,161.	568,853. 6,780.	503,059. 5,186.	438,390. 2,622.	2,420,471. 21,893. 0.
Cale 9 10 a E 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add lins 9, 10c, 11, and 12.)	3,144. 3,144.	466,588. 4,161. 4,161.	568,853. 6,780. 6,780.	503,059. 5,186. 5,186.	2,622. 2,622.	2,420,471. 21,893. 0. 21,893. 0. 2,442,364.
Cale 9 10 a 10 a 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and	443,581. 3,144. 3,144.	466,588. 4,161. 4,161. tion's first, second	568,853. 6,780. 6,780.	503,059. 5,186. 5,186.	2,622. 2,622.	2,420,471. 21,893. 0. 21,893. 0. 21,442,364.
Cale 9 10 a E 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add los 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and ton C. Computation of Pu	3,144. 3,144. 3,144. s for the organization here	466, 588. 4, 161. 4, 161. tion's first, second	568, 853. 6, 780. 6, 780.	503,059. 5,186. 5,186.	2, 622. 2, 622.	2,420,471. 21,893. 0. 21,893. 0. 21,893.
Cale 9 10 a 10 a 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add inc 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu	3,144. 3,144. 3,144. s for the organizar stop here	466,588. 4,161. 4,161. 4,161. ition's first, second	568, 853. 6, 780. 6, 780. i, third, fourth, or	503,059. 5,186. 5,186.	2, 622. 2, 622. 2, 622.	2,420,471. 21,893. 0. 21,893. 0. 21,893.
Cale 9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu Public support percentage from 20	3,144. 3,144. 3,144. s for the organizar stop here blic Support I 09 (line 8, column 2008 Schedule A,	466, 588. 4, 161. 4, 161. tion's first, second. Percentage (f) divided by line Part III, line 15	568, 853. 6, 780. 6, 780. 13, column (f)).	503,059. 5,186. 5,186.	2, 622. 2, 622. 2, 622.	2,420,471. 21,893. 0. 21,893. 0. 21,893.
Cale 9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add los 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and ton C. Computation of Pu	3,144. 3,144. 3,144. s for the organizar stop here blic Support I 09 (line 8, column 2008 Schedule A,	466, 588. 4, 161. 4, 161. tion's first, second. Percentage (f) divided by line Part III, line 15	568, 853. 6, 780. 6, 780. 13, column (f)).	503,059. 5,186. 5,186.	2, 622. 2, 622. 2, 622.	2,420,471. 21,893. 0. 21,893. 0. 2,442,364. 99.1%
Cale 9 10 a 11 12 13 14 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add line 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pupulic support percentage from 20 public support percentage from 20 tion D. Computation of Investment income percentage for	s for the organization here	466, 588. 4, 161. 4, 161. 4, 161. ition's first, second Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided	568, 853. 6, 780. 6, 780. 6, 780. 13, column (f)) e by line 13, column	503,059. 5,186. 5,186.	2, 622. 2, 622. 2, 622. 15 16	21,893. 0. 21,893. 0. 21,893. 0. 21,893.
Cale 9 10 a 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add los 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of PuPublic support percentage for 200 Public support percentage from 2 Investment income percentage for Investment Income	3,144. 3,144. 3,144. 3,144. 3,144. s for the organizary stop here	466,588. 4,161. 4,161. 4,161. 4,161. Percentage (f) divided by line Part III, line 15 me Percentag column (f) divided e A, Part III, line 1	6,780. 6,780. 6,780. 13, column (f)) by line 13, column	503,059. 5,186. 5,186. fifth tax year as a	2, 622. 2, 622. 2, 622. 15 16	21,893. 0. 21,893. 0. 21,893. 0. 21,893. 0. 99.2% 0.9% 0.9% 0.8%
Cale 9 10 a 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (add line 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pupulic support percentage from 20 public support percentage from 20 tion D. Computation of Investment income percentage for	s for the organization did by and stop here	4,161. 4,161. 4,161. 4,161. 4,161. final second secon	568, 853. 6, 780. 6, 780. 6, 780. 13, column (f)) e by line 13, colum 7	503, 059. 5, 186. 5, 186. fifth tax year as a fifth tax year ax	438, 390. 2, 622. 2, 622. 2, 622. 15 16 17 18 an 33-1/3%, and liganization.	21,893. 0. 21,893. 0. 21,893. 0. 21,893. 0. 21,893. 0. 21,893. 0. 21,893. 0. 21,893. 0. 21,893. Example 18

Schedule A	(Form 9	90 or 9	90·EZ	2009	Со	mmur	nitv	Cul	linar	v Sc	hool	of	Char	lott	e.	56-20	51086		Page 4
Part IV	Suppl	emen	tal In	forma	tion	. Con	nnlet	e thi	s nari	to n	rovide	the	evnla	enatio	ns real	iired h	v Part	II line	10.
	Part II	. line	17a d	or 17b	: and	i Par	† III.	line	12. P	rovid:	e anv	othe	r add	litiona	l inforn	nation	See i	nstruct	ions
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization Community	Culinary School of Charlotte,	Employer Identification number
Inc.	•	56-2051086
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(<u>3</u>) (enter number) organiza 4947(a)(1) nonexempt charitable trust n 527 political organization	
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust tr 501(c)(3) taxable private foundation	eated as a private foundation
Check if your organization is covere Note: Only a section 501(c)(7), (8),	ed by the General Rule or a Special Rule , or (10) organization can check boxes for both the Genera	al Rule and a Special Rule, See instructions.
General Rule — X For an organization filing Form sontributor. (Complete Parts I a	990, 990-EZ, or 990-PF that received, during the year, \$5 nd II.)	5,000 or more (in money or property) from any one
Special Rules -		
509(a)(1)/1/0(b)(1)(A)(vi) and re	ation filing Form 990 or 990-EZ, that met the 33-1/3% suppoceived from any one contributor, during the year, a contr III, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I ai	ribution of the greater of (1) \$5,000 or (2) 2% of the
aggregate contributions of more	10) organization filing Form 990 or 990 EZ, that received than \$1,000 for use <i>exclusively</i> for religious, charitable, or animals. Complete Parts I, II, and III.	from any one contributor, during the year, scientific, literary, or educational purposes, or the
this box is checked, enter here purpose. Do not complete any c	10) organization filing Form 990 or 990-EZ, that received of for religious, charitable, etc, purposes, but these contribute total contributions that were received during the year of the parts unless the General Rule applies to this organi	outions did not aggregate to more than \$1,000. If for an <i>exclusively</i> religious, charitable, etc, iization because it received nonexclusively
religious, charitable, etc, contrib	outions of \$5,000 or more during the year	.,.,
990-PF) but it must answer 'No' on	covered by the General Rule and/or the Special Rules d Part IV, line 2 of their Form 990, or check the box on line eet the filing requirements of Schedule B (Form 990, 990	e H of its Form 990-FZ, or on line 2 of its Form
BAA For Privacy Act and Paperwo for Form 990, 990EZ, or 990-PF.	ork Reduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Schedule B	(Form	990,	990-EZ,	or	990-PF) ((2009)
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of Part I

Name of organization Community Culinary School of Charlotte, Page 1 of 2 Employer Identification number

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Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Share our Strength 1730 M Street NW, Suite 700 Washington, DC 20036	\$22,151.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Merancas Foundation 14051 Island Drive Huntersville, NC 28078	\$25,000.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP +4	(c) Aggregate contributions	(d) Type of contribution
3	Compass Group 2400 Yorkmount Road Charlotte, NC 28217	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Sisters of Mercy 2115 Rexford Road, Suite 401 Charlotte, NC 28211	\$40,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Provident Benevolent Fdn. 401 South Tryon Street Charlotte, NC 28288-1159	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>6</u>	Cogentrix 9405 Arrowpoint Boulevard Charlotte, NC 28273-8110	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990		Page 2
Name of organization		Employe

of 2

of Part I Community Culinary School of Charlotte, 56-2051086 Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	First Presbyterian 300 West Trade St. Charlotte, NC 28202	\$ <u>7,635.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	Wachovia 301 S. Tryon Street Charlotte, NC 28288	\$9,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Lance 8600 South Blvd Charlotte, NC 28273	\$6 <u>,530.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(Complete Part II if there is a noncash contribution.) (d) Type of contribution
			is a noncash contribution.) (d)
		Aggregate contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II if there

Page 1

of 1

of Part II

Name of organization
Community Culinary School of Charlotte,

Employer identification number 56-2051086

Part II Noncash Property (see instructions.) (a) No. from Part I (b) (c) FMV (or estimate) (see instructions) (d) Date received Description of noncash property given N/A (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from (c) FMV (or estimate) (see instructions) (d) Date received (b) Description of noncash property given Part I (a) No. from (c) FMV (or estimate) (see instructions) (d) Date received Description of noncash property given Part I (a) No. from Part I (d) Date received (b) (c) FMV (or estimate) (see instructions) Description of noncash property given

Name of organization

Employer Identification number

Community	Culinary	School	of Cha:	rlotte	,		
Part III Ex	<i>clusively</i> rel	ligious d	haritable	atc i	ndividual	contributi	ī

56-2051086

	organizations aggregating more	than \$1,000 for the year.(i	Complete cols	s (a) through (e) and the following lin		
(a) No. from Part I	contributions of \$1,000 or less for the year. (b) Purpose of gift	(c) Use of gift	see instruction	ns.)	N/A eld	
	N/A					
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Rel	ationship of transferor to transfered	3	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP +4	Rela	ationship of transferor to transferee		
(a)	(b)					
No. from Part I	Purpose of gift	(c) Use of gift		(d) Description of how gift is he	eld	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP +4	Rela	ationship of transferor to transferee		
(a) No. from Part I	(b) (c) Purpose of gift Use of gift		(d) Description of how gift		eld	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			ationship of transferor to transferee	:	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Name of the organization Community Culinary School of Charlotte,					Employer identifica	ation number	
Inc. Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 1				56-205108	6		
Fart Form 990EZ filers are not req	uired to comple	te this par	<u>t</u>				
1 Indicate whether the organization	raised funds thr	ough any	of the follo	wing activities. Check a	all that a	pply.	
Mail solicitations				Solicitation of non-	governm	ent grants	
Internet and email solicitations	5			Solicitation of gove	- rnment :	orants	
Phone solicitations				Special fundraising		9	
In-person solicitations					3 137 KE		
2a Did the organization have written employees listed in Form 990, Par	or oral agreeme t VII) or entity in	nt with any	/ individual	(including officers, dire	ectors, t	rustees or key	Yes No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or enti	ties (fundr					
				<u></u>	(v) Ar	mount paid to	
(i) Name of Individual	(ii) Activity		fundraiser	(iv) Gross receipts	(orı	retained by)	(vi) Amount paid to
or entity (fundraiser)		nave custor	ly or control butions?	from activity	tundr	aiser listed in col.(i)	(or retained by) organization
		Yes	No			001.(1)	organization
		165	140				
						· · · · · · · · · · · · · · · · · · ·	
				M			
							· · · · · · · · · · · · · · · · · · ·
							VI. 10
							- , , , , , , , , , , , , , , , , , , ,
		<u> </u>				***************************************	
Total	. ,		<u></u> ►				
3 List all states in which the organiza or licensing.	ation is registere	ed or licens	sed to solid	cit funds or has been no	otified it	is exempt from	registration

Pai	rt II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a	answered 'Yes' to F	orm 990, Part IV	line 18 o	r	age z
REV		Topolica More than \$15,000 off	(a) Event #1 Golf Tournamen (event type)	(b) Event #2 Others (event type)	(c) Other Events (total number)	(d) Tota (Add col.	ıl Ever	nts
REVENUE	1	Gross receipts	15,220.	9,497.			24,	717.
E	2	Less: Charitable contributions						
	3	Gross income (line 1 minus line 2)	15,220.	9,497.			24,7	717.
	4	Cash prizes						
b	5	Noncash prizes						
DIRECT	6	Rent/facility costs						
	7	Food and beverages						
EXPESSES	8	Entertainment						
S E	9	Other direct expenses	3,848.	589.			4,4	137.
5	10	= " = " rip or its saintitially ridd in too r an					4,4	137.
	11	Net income summary. Combine lines 3, co	olumn (d) and line 10				20,2	280.
Par	t III	Gaming. Complete if the organize \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	es' to Form 990, Pa	rt IV, line 19, or re	eported m	ore t	than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tota (Add col, col,	l gami (a) thro (c))	ng ough
E.	1_	Gross revenue						
E D X I P	2	Cash prizes						
DIRECT	3	Non-cash prizes						
S	4	Rent/facility costs				· · · · · · · · · · · · · · · · · · ·		
	5	Other direct expenses						
	6	Volunteer labor	Yes %	Yes %	Yes%			
	7	Direct expense summary. Add lines 2 thro	ough 5 ìn column (d)					
	8	Net gaming income summary, Combine lin	nes 1, column (d) and li	ne 7				·
9 a		er the state(s) in which the organization ope e organization licensed to operate gaming				9a	YES	NO
		o,' explain:						
		e any of the organization's gaming licenses es,' explain:			tax year?			
		s the organization operate gaming activities				11		
12	is th	e organization a grantor, beneficiary or tru inister charitable gaming?	stee of a trust or a men	nber of a partnership or	other entity formed to	12) (see) (see	12.23

Sch	edule G (Form 990 or 990-EZ) 2009 Community Culinary School of Charlotte, 56-205108	16	F	² age 3
12	Indicate the appropriate of the second secon			NO
	Indicate the percentage of gaming activity operated in: a The organization's facility			
	b An outside facility. 13b %	1		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	1		
	Name: ►	31 + 31		
	Name: ►			
	Address: -			
(5)	a Does the organization have a contact with a third party from whom the organization receives gaming revenue? b If 'Yes,' enter the amount of gaming revenue received by the organization \$and the amount	15 a		1 1.17
	of gaming revenue retained by the third party \$			
(c If 'Yes,' enter name and address of the third party:			
	Norman S.			
	Name: *			
	Address: ►			
16	Gaming manager information			
	Name: >			
	Gaming manager compensation ► \$			
	Description of services provided: ►			
	Description of services provided:			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Manufakan diskrik, iki			
	Mandatory distributions			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	l stinst	
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
BAA	organization's own exempt activities during the tax year: ► \$ TEEA3703L 02/05/10 Schedule G (Form 99)	<u> </u>	00.57	7 2000
	LEEWAYOR GENOUS CHECKE CONTROL OF	ע טיט	コロ・にム	7 2009

Form **8868**(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

DL

OMB No. 1545-1709

rnal Revenue Service ► File a separate application for each return.

● If you a	are filing for an Automatic 3-Mon	th Extension, complete only Part I and check i	this box	► X
Do not con	ire Illing for an Additional (Not A Il plete Part II unless von bave alt	utomatic) 3-Month Extension, complete only Fready been granted an automatic 3-month exte	Part II (on page 2 of this	form).
Part I	Automatic 3-Month Exte	ension of Time. Only submit original	(no conies paeded)	ed Form 8868.
	The state of the s	meron or rime. Only subline original	(no copies needed)	•
A corporation	on required to file Form 990-T ar	nd requesting an automatic 6-month extension	- check this box and co	mplete Part I only ►
All other co income tax	rporàtions (including 1120-C file	rs), partnerships, REMICS, and trusts must us	e Form 7004 to request a	an extension of time to file
		electronically file Form 8868 if you want a 3-m ation required to file Form 990-T). However, yo nsion or (2) you file Forms 990-BL, 6069, or 88 ully completed and signed page 2 (Part II) of F n e-file for Charities & Nonprofits.	nonth automatic extensio ou cannot file Form 8868 170, group returns, or a c Form 8868. For more det	n of time to file one of the electronically if (1) you want composite or consolidated ails on the electronic filing of
	Name of Exempt Organization	Maria de Mar		Employer Identification number
Type or print	Community Culinary	School of Charlotte,		
•	IInc			56-2051086
File by the due date for filing your	Number, street, and room or suite num	· · · · · · · · · · · · · · · · · · ·		
filing your return. See instructions.	2401-A Distribution	1 Street code. For a foreign address, see instructions.		
Chack type	Charlotte, NC 28203			
Form 99		ate application for each return):	Π	
Form 99		Form 990-T (corporation)	Form 472	
X Form 99		Form 990-T (section 401(a) or 408(a) trus	· —	•
Form 99		Form 990-T (trust other than above) Form 1041-A	Form 606 Form 887	
Telephone If the org If this is f	No. ► 704.375.4500 anization does not have an officior a Group Return, enter the or	FAX No. Fax No	neck this box	this is for the whole group
1 I reque:	st an automatic 3-month (6 mon	ths for a corporation required to file Form 990	-T) extension of time	
until _ The ext	8/15 , 20 10 , to fill ension is for the organization's	e the exempt organization return for the organ	nization named above.	
<u> </u>	calendar year 20 09 or	•		
- ▶ □	tax year beginning	, 20, and ending	20	
2 If this ta	x year is for less than 12 month	ns, check reason: Initial return		nange in accounting period
3a If this ap	oplication is for Form 990-BL, 99 ndable credits. See instructions	90-PF, 990-T, 4720, or 6069, enter the tentativ	e tax, less any	3a \$ 0.
b If this as	oplication is for Form 990-PF or	990-T, enter any refundable credits and estiment allowed as a credit	sted tay navments	3b \$ 0.
ueposit.	will fild coupon or, it required	3a. Include your payment with this form, or, if by using EFTPS (Electronic Federal Tax Pay	ment System\	3c \$ 0.
	u are going to make an electror	nic fund withdrawal with this Form 8868, see F		
BAA For Priv	acy Act and Paperwork Reduct	ion Act Notice, see instructions.		Form 8868 (Rev. 4-2009)

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

If you ar	e filing for an Automatic 3-Month Extension, complete only Part I and check this box	× X
If you ar	e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this f	orm).
Do not com	plete Part II unless you have already been granted an automatic 3-month extension on a previously file	d Form 8868.
149101	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
A corporatio	n required to file Form 990-T and requesting an automatic 6-month extension — check this box and co	mplete Part I only ▶ 🗍
All other cor income tax i	porations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request a	n extension of time to file
Electronic F returns note the additiona Form 990-T, this form, vis	ling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension to below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 if (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a content in the fully completed and signed page 2 (Part II) of Form 8868. For more details www.irs.gov/efile and click on e-file for Charities & Nonprofits.	n of time to file one of the electronically if (1) you want omposite or consolidated ails on the electronic filing of
-	Name of Exempt Organization	Employer identification number
Type or print	Community Culinary School of Charlotte, Inc.	56-2051086
File by the due date for	Number, street, and room or suite number. If a P.O. box, see instructions.	00 2001000
filing your return, See	2401-A Distribution Street	
instructions,	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
01 11	Charlotte, NC 28203	
Form 990	f return to be filed (file a separate application for each return):	
⊢ ⊣	Form 472	
X Form 990	11 OIII 322,	
Form 990	Light 350 (trade of the train above)	
1 11 01111 330	-PF Form 1041-A Form 8870)
The book	s are in the care of Bonnie O'Rourke	
Telephone	No. ► 704.375.4500 FAX No. ►	
If the org	anization does not have an office or place of business in the United States, check this box	▶ □
lf this is f	or a Group Return, enter the organization's four digit Group Exemption Number (GEN)	his is for the whole group
check this	box . Fig. 1. If it is for part of the group, check this box . If it is for part of the group, check this box .	d FINs of all members
the exten	sion will cover.	2 2
1 I reques	t an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time	
until	8/15, 20_10_, to file the exempt organization return for the organization named above.	
The ext	ension is for the organization's return for:	
► <u>X</u>	calendar year 20 <u>0 9</u> or	
▶ ∐	calendar year 20 09 or tax year beginning, 20, and ending, 20	
2 If this ta	x year is for less than 12 months, check reason:	ange in accounting period
3a If this apnonrefu	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any indable credits. See instructions	3a \$ 0.
b If this as	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments nolude any prior year overpayment allowed as a credit	зы \$ 0.
c Balance deposit	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). ructions	3c\$ 0.
Caution. If yo payment instr	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-FO and Form 8	
BAA For Priv	acy Act and Paperwork Reduction Act Notice, see instructions.	Form 8868 (Rev. 4-2009)

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Community Culinary School of Charlotte, Inc.

56-2051086

Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses

Depreciation	\$	5,603.
Dues and meetingsEducational		789. 816.
Food		54,848.
Insurance		8,385.
Miscellaneous Public Relations		4,385. 834
Supplies		38,065.
Travel		1,870.
Utilities	4	21,939. 137 534
TOTAL	<u> </u>	137,534.

Statement 2 Form 990-EZ, Part II, Line 24 Other Assets

	<u>Be</u>	ginning	 <u>Ending</u>
Accounts Receivable	\$	2,663. 6,107.	\$ 1,276. 12,051.
Total	\$	8,770.	\$ 13,327.

Statement 3 Form 990-EZ, Part III Organization's Primary Exempt Purpose

To provide training and job search assistance in the food service industry for adults who are chronically unemployed or underemployed

Statement 4 Form 990-EZ, Part III, Line 29 Statement of Program Service Accomplishments

CCSC- Four 12 week culinary training sesions each year at no cost to the students. The school assists students in finding employment. CCSC has a 98% job placement rate for it's students. Serv-Safe certification, GED classes

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Statement 5 Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Richard S. Brizzi 2401-A Distribution St Charlotte, NC 28203	Past President \$ 0.50	0.	\$ 0.	\$ 0.
Suzanne Bumgarner 2401-A Distribution St Charlotte, NC 28203	Board Member 0.50	0.	0.	0.
Ronald Ahlert 2401-A Distribution St Charlotte, NC 28203	Executive Direc 40.00	60,500.	3,804.	0.
Andrew J. Damiano 2401-A Distribution St Charlotte, NC 28203	Vice President 0.50	0.	0.	0.
Karen A. Dean 2401-A Distribution St Charlotte, NC 28203	Secretary 0.50	0.	0.	0.
Stephanie Layden 2400 Yorkmont Road Charlotte, NC 28217	Board Member 0.50	0.	0.	0.
Gary Gorham 2401-A Distribution St Charlotte, NC 28203	Board Member 0.50	0.	0.	0.
Chip Hood 2401-A Distribution St Charlotte, NC 28203	Board Member 0.50	0.	0.	0.
Penny Sommer 17925-I Kings Point Drive Cornelius, NC 28031	Board Member 0.50	0.	0.	0.
Wade H. Miller 2401-A Distribution St Charlotte, NC 28203	Board Member 0.50	0.	0.	0.
Tim Miron 2401-A Distribution St Charlotte, NC 28203	Board Member 0.50	0.	0.	0.
Melissa Swanson 500A Bradford Drive Charlotte, NC 28208	Board Member 0.50	0.	0.	0.

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Community Culinary School of Charlotte, Inc.

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Statement 5 (continued) Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Linda Stryker 2401-A Distribution St Charlotte, NC 28203	Board Member 0.50	\$ 0.	\$ 0.	\$ 0.
Chef Peter Reinhart 2401-A Distribution St Charlotte, NC 28203	Board Member 0.50	0.	0.	0.
Gene Rogers 2401-A Distribution St Charlotte, NC 28203	President 0.50	0.	0.	0.
Jackie Velickovich 17219 Bellehaven Walk Court Charlotte, NC 28277	Board Member 0.50	0.	0.	0.
	Total	\$ 60,500.	\$ 3,804.	\$ 0.

Statement 6 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

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