

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 2004 calendar year, or tax year beginning 2004, 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: X 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? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Schedule B

G Web site: N/A

J Organization type (check only one) X 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 received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

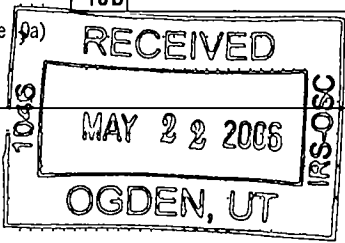
L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 492,803.

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

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes a 'RECEIVED' stamp dated MAY 22 2005 from IRS-020 OGDEN, UT.

ENVELOPE DATE MAY 15 2006 POSTMARK DATE JUL 17 2006

RECEIVED



5 14

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch)					
(cash \$ _____)					
non-cash \$ _____)	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				
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	408,488.	351,562.	24,044.	32,882.
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	408,488.	351,562.	24,044.	32,882.

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 \$ _____

Part III Statement of Program Service 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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & 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 2</u> _____ _____ _____ (Grants and allocations \$ _____)	351,562.
b _____ _____ _____ (Grants and allocations \$ _____)	
c _____ _____ _____ (Grants and allocations \$ _____)	
d _____ _____ _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	351,562.

Part IV Balance Sheets (See Instructions)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
ASSETS	45 Cash — non-interest-bearing	154,923.	45	147,631.
	46 Savings and temporary cash investments		46	75,000.
	47a Accounts receivable	47a 703.		
	b Less allowance for doubtful accounts	47b	47c	703.
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments — securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments — land, buildings, & equipment, basis	55a		
	b Less accumulated depreciation (attach schedule)	55b	55c	
	56 Investments — other (attach schedule)		56	
57a Land, buildings, and equipment basis	57a 108,192.			
b Less accumulated depreciation (attach schedule) Statement 3	57b 39,884.	57c	68,308.	
58 Other assets (describe <input type="checkbox"/> _____)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	209,944.	59	291,642.	
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	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> _____)		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	209,944.	67	273,819.
	68 Temporarily restricted		68	17,823.
	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)	209,944.	73	291,642.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	209,944.	74	291,642.	

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.

BAA

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	490,186.
b	Amounts included on line a but not on line 12, Form 990.		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	490,186.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	490,186.

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

a	Total expenses and losses per audited financial statements	a	408,488.
b	Amounts included on line a but not on line 17, Form 990.		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	408,488.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	408,488.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see 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	(E) Expense account and other allowances
Linda Vogler ----- Charlotte, NC	Exec Director Full-Time	51,312.	0.	0.
Volunteer board of directors None are compensated See list attached, ----- ----- ----- ----- ----- ----- ----- ----- ----- -----	Volunteer Various	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If 'Yes,' attach schedule - see instructions

Part VI Other Information (See instructions)

Table with columns for question number, question text, and Yes/No columns. Rows include questions 76 through 92 regarding organizational activities, expenditures, and tax information.

Part VII Analysis of Income-Producing Activities (See 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					210,953.
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	1,006.	
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					
101 Net income or (loss) from special events			1	4,727.	
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))				5,733.	210,953.
105 Total (add line 104, columns (B), (D), and (E))					216,686.

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 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 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 instructions.)

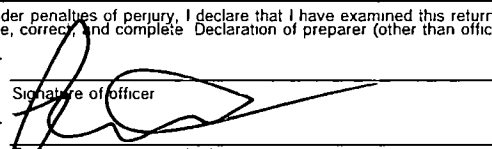
a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

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

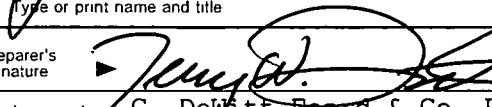
Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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

Please Sign Here

Signature of officer: 
Type or print name and title: _____

Paid Preparer's Use Only

Preparer's 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)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545-0047

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

2004

Department of the Treasury
Internal Revenue Service

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

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 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 III Statements About Activities (See instructions.)

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 ▶ \$ N/A
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

	Yes	No
1		X

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

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a		X
----	--	---

b Lending of money or other extension of credit?

2b		X
----	--	---

c Furnishing of goods, services, or facilities?

2c		X
----	--	---

See Form 990, Part V

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d	X	
----	---	--

e Transfer of any part of its income or assets?

2e		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)

3a		X
----	--	---

b Do you have a section 403(b) annuity plan for your employees?

3b		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?

4a		X
----	--	---

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b		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). (See section 509(a)(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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	161,127.	237,946.	217,954.	87,679.	704,706.
16 Membership fees received					
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	160,655.	129,544.			290,199.
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	1,162.	937.	2,611.	2,905.	7,615.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	322,944.	368,427.	220,565.	90,584.	1,002,520.
24 Line 23 minus line 17	162,289.	238,883.	220,565.	90,584.	712,321.
25 Enter 1% of line 23	3,229.	3,684.	2,206.	906.	

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 2000 through 2003 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
 (2003) _____ 0. (2002) _____ 0. (2001) _____ 0. (2000) _____ 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 11, 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.
 (2003) _____ 0. (2002) _____ 0. (2001) _____ 0. (2000) _____ 0.

c Add. Amounts from column (e) for lines. **15** _____ **16** _____
17 290,199. **20** _____ **21** _____ ▶ **27c** 994,905.

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

e Public support (line 27c total minus line 27d total) ▶ **27e** 994,905.

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ **27f** 1,002,520.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ **27g** 99.24 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27h** 0.76 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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

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

N/A

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?

	Yes	No
29		

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?

30		
----	--	--

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?

31		
----	--	--

If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement)

32 Does the organization maintain the following.

a Records indicating the racial composition of the student body, faculty, and administrative staff?

32a		
-----	--	--

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32b		
-----	--	--

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32c		
-----	--	--

d Copies of all material used by the organization or on its behalf to solicit contributions?

32d		
-----	--	--

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.

a Students' rights or privileges?

33a		
-----	--	--

b Admissions policies?

33b		
-----	--	--

c Employment of faculty or administrative staff?

33c		
-----	--	--

d Scholarships or other financial assistance?

33d		
-----	--	--

e Educational policies?

33e		
-----	--	--

f Use of facilities?

33f		
-----	--	--

g Athletic programs?

33g		
-----	--	--

h Other extracurricular activities?

33h		
-----	--	--

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?

34a		
-----	--	--

b Has the organization's right to such aid ever been revoked or suspended?

34b		
-----	--	--

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

35		
----	--	--

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
(Operating)**

Joyce Bonaventura

Bonaventura Public Relations
1109-8 E. Morehead Street
Charlotte, NC 28204
Work phone: 704-875-8990
Work fax:
e-mail: jbonaventura@earthlink.net
Home phone: 704-617-1074
Term Commencement: 1-2005
Term expires 12-31-06

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: 12-31-2005

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 12-31-2005

Durant, Sibyl

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: 12-31-2005

Dennis L. Guthrie

Guthrie, Davis, Henderson & Staton
719 East Boulevard
Charlotte, NC 28203
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Work fax: 704-372-4601
e-mail: dlguthrie@gdhs.com
3301 Sharon Road
Charlotte, NC 28211
Home phone: 704-365-1952
Term Commencement 1-2004
Term expires: 12-31-2005

Julie Hennecy

Controller, Canteen Nat's Accts.
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Work phone: 704-328-7916
e-mail: Julie.hennecy@compass-usa.com
800 Water Wheel Court
Charlotte, NC 28209
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Cell: 704-968-3940
Term Commencement: 1-2005
Term expires: 12-31-06

H. Joseph Machicote (President)

Compass Group
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Work fax: 704-295-5139
e-mail: joseph.machicote@exch.compass-usa.com
9512 Autumn Applause Drive
Charlotte, NC 28277
Home phone: 704-543-8615
Term Commencement: 1-2003
Term expires: 12-31-06

Parenti, Bernice (Vice President)

Community Outreach Coordinator
Johnson & Wales University
801 West Trade Street
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Charlotte, NC 28202
Bernice.parenti@jwu.edu
Term Commencement: 9-2003
Term expires 12-31-05

Karen Pritchett

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400 Hermitage Road
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4933 Charlton Lane
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Term Commencement: 5-03
Term expires: 12-31-05

Cynthia V. Scherbaty

President
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Home phone: 704-556-1366

Term Commencement: 1-2004

Term expires: 12-31-05

Benjamin F. Sidbury

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101 South Tryon Street, Suite 4000
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Bsidbury@alston.com
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Charlotte, NC 28204
Phone: 70-376-5305
Term Commencement: 1-2004
Term expires: 12-31-05

David B. Smith

Piedmont Natural Gas
4339 South Tryon Street
Charlotte, NC 28217
Work phone: 704-525-5585x7340
email: david.smith@piedmontng.com
409 Wilcrest Drive
Matt hews, NC 28105
Home phone: 704-847-0560
Term Commencement: 1-2005
Term expires: 12-31-05

Steve B. Smith

Steve B. Smith & Co. P.A. President
119 Cherokee Road
Charlotte, NC 28207
Phone: 704-375-5004
Fax: 704-344-9868
e-mail: stevebsmithandco@aol.com
Cell: 704-564-4849
Term Commencement: 3-03
Term expires: 12-31-05

Angela M. Tinnell (Angie)

Meridian Resources, Inc.
17105 Kenton Drive, Suite 201-C
Cornelius, NC 28031
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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
14915 Thomas Road
Charlotte, NC 28278
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2714 Normandy Road
Charlotte, NC 28209
Home Phone: 704-335-8441
tribew@carolina.rr.com

Term Commencement: 2-2002

Term expires: 12-31-05

Jerri L. Kidder

Personal/Career Coach
7306 Kinsmore Lane
Charlotte, NC 28269
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jerri53@aol.com

Term commencement: 4-2005

Term expires: 12-31-2006

Penny Sommer

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Penny_Sommer@LHH.com
17925-I Kings Point D
Cornelius, NC 28031
704-987-0540

Term commencement: 4-2005

Term expires: 12-31-2006

George A. Leonard

Charlotte Mecklenburg Police Department
601 E. Trade St.
Charlotte, NC 28202
Office phone: 704-398-6720
Fax number: 704-398-6701
gleonard@cmpd.org

14134 Hiawatha Court

Huntersville, NC 20078

Term Commencement: 4-2005

Term expires: 12-31-2006

Richard L. McClerin

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428 E. 4th St., Suite 428
Charlotte, NC 28202
Office phone: 704-333-9900
Fax number: 704-333-3629
McClerin@aol.com

4906A Sardis Road

Charlotte, NC

704-364-7200

Term Commencement: 4-2005

Term expires: 12-31-2006

James Scherbaty

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9114 Glisson Court
Charlotte, NC 28210
Office Phone: 704-614-6110
Fax number: 704-552-0314
jscherbaty@mindspring.com

Home phone: 704-556-1366

Term Commencement: 4-2005

Term Expires: 12-31-2006

COMMUNITY CULINARY SCHOOL OF CHARLOTTE, INC.

Part II - Statement of Functional Expenses

56-2051086

Year Ended December 31, 2004

	<u>Program Expenses</u>	<u>Management and General</u>	<u>Fundraising</u>	<u>2003 TOTAL</u>
<u>PERSONNEL</u>				
Salaries	\$ 168,411	\$ 11,830	\$ 26,221	\$ 206,462
Contracted services	36,311	3,872	-	40,183
Payroll taxes	14,703	1,033	2,289	18,025
Benefits	16,491	1,158	2,568	20,217
Total	<u>235,916</u>	<u>17,893</u>	<u>31,078</u>	<u>284,887</u>
<u>OTHER EXPENSES</u>				
Food	58,769	-	-	58,769
Supplies	16,012	1,903	59	17,974
Student stipends	4,542	-	-	4,542
Depreciation	8,957	629	1,394	10,980
Telephone	9,069	477	-	9,546
Insurance	6,886	363	-	7,249
Travel	5,380	211	-	5,591
Educational	2,141	-	-	2,141
Printing and postage	243	698	49	990
Dues and meetings	875	729	-	1,604
Public relations	2,107	136	302	2,545
All other	665	1,005	-	1,670
Total	<u>115,646</u>	<u>6,151</u>	<u>1,804</u>	<u>123,601</u>
TOTAL EXPENSES	<u><u>\$ 351,562</u></u>	<u><u>\$ 24,044</u></u>	<u><u>\$ 32,882</u></u>	<u><u>\$ 408,488</u></u>

Statement 1
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	7,344.	0.	7,344.	2,617.	4,727.
Total	<u>\$ 7,344.</u>	<u>\$ 0.</u>	<u>\$ 7,344.</u>	<u>\$ 2,617.</u>	<u>\$ 4,727.</u>

Statement 2
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.		351,562.
	<u>\$ 0.</u>	<u>\$ 351,562.</u>

Statement 3
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	\$ 41,140.	\$ 31,469.	\$ 9,671.
Improvements	67,052.	8,415.	58,637.
Total	<u>\$ 108,192.</u>	<u>\$ 39,884.</u>	<u>\$ 68,308.</u>

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.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time – Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers) However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print File by the due date for filing your 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		
	2401-A Distribution Street		state ZIP code
	City, town or post office For a foreign address see instructions		
	Charlotte, NC 28203		

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

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

• The books are in the care of ▶ Linda Vogler

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 organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 8/15, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

▶ calendar year 20 04 or

▶ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

3a 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 \$ _____ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____ 0.

c Balance Due. Subtract line 3b from line 3a. 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 \$ _____ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.