

Return of Organization Exempt From Income Tax

2007

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization THE CHARLOTTE CHAMBER OF COMMERCE, INC.		D Employer identification number 56-0173610
		Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 32785		E Telephone number 704-378-1300
		City or town, state or country, and ZIP + 4 CHARLOTTE, NC 28232		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **N/A**

G Website: WWW.CHARLOTTECHAMBER.COM

J Organization type (check only one) 501(c) (6) (insert no) 4947(a)(1) or 527

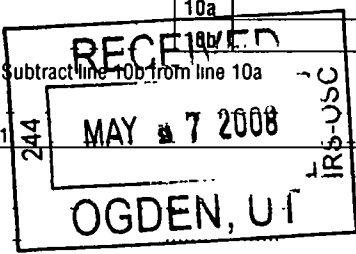
K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **8,321,089.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b			
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e			0.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			3,645,675.
	3 Membership dues and assessments	3			4,331,161.
	4 Interest on savings and temporary cash investments	4			199,985.
	5 Dividends and interest from securities	5			
	6 a Gross rents SEE STATEMENT 1	6a		22,334.	
	b Less rental expenses	6b			
c Net rental income or (loss) Subtract line 6b from line 6a	6c			22,334.	
7 Other investment income (describe _____)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	(B) Other	8b			
	Less cost or other basis and sales expenses	8c			
	d Net gain or (loss) Combine line 8c, columns (A) and (B)	8d			
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events Subtract line 9b from line 9a	9c			
10 a Gross sales of inventory, less returns and allowances		10a			
	b Less cost of goods sold				
	c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			121,934.	
12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			8,321,089.	
Expenses	13 Program services (from line 44, column (B))	13			
	14 Management and general (from line 44, column (C))	14			
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			8,440,843.
18 Excess or (deficit) for the year Subtract line 17 from line 12	18			<119,754.>	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,015,749.	
	20 Other changes in net assets or fund balances (attach explanation)	20		0.	
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21			1,895,995.



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Part II Statement of Functional Expenses

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

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	379,035.			
25b Compensation of former officers, directors, key employees, etc listed in Part V-B	2,362.			
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	2,835,040.			
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	562,157.			
29 Payroll taxes	246,057.			
30 Professional fundraising fees				
31 Accounting fees	67,018.			
32 Legal fees				
33 Supplies	164,164.			
34 Telephone	113,175.			
35 Postage and shipping	61,629.			
36 Occupancy	565,333.			
37 Equipment rental and maintenance	38,368.			
38 Printing and publications	113,315.			
39 Travel				
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	145,452.			
43 Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g SEE STATEMENT 2	3,147,738.			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	8,440,843.			

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 \$ N/A, (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 3	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)</p>	
<p>a ADVANCE THE COMMERCIAL, INDUSTRIAL, PROFESSIONAL, AND CIVIC INTERESTS OF THE CITY OF CHARLOTTE AND MECKLENBURG COUNTY. THERE ARE 3,743 MEMBERS IN 2007.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	1,000.	1,000.
	46 Savings and temporary cash investments	4,224,808.	4,163,617.
	47 a Accounts receivable	174,285.	
	b Less: allowance for doubtful accounts	10,000.	
		157,219.	164,285.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	355,078.	319,153.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
	56 Investments - other		
57 a Land, buildings, and equipment: basis	2,111,680.		
b Less: accumulated depreciation STMT 4	1,829,585.		
	373,122.	282,095.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 5)	857,672.	773,989.	
59 Total assets (must equal line 74). Add lines 45 through 58	5,968,899.	5,704,139.	
Liabilities	60 Accounts payable and accrued expenses	491,097.	504,850.
	61 Grants payable		
	62 Deferred revenue	2,967,886.	2,773,516.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 6)	494,167.	529,778.
66 Total liabilities. Add lines 60 through 65	3,953,150.	3,808,144.	
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	1,878,678.	1,752,768.
	68 Temporarily restricted	137,071.	143,227.
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	2,015,749.	1,895,995.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	5,968,899.	5,704,139.	

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
c	Dues, assessments, and similar amounts from members	85c	4,331,161.
d	Section 162(e) lobbying and political expenditures	85d	17,109.
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	0.
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	17,109.
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	X
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	X
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	N/A
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed		NONE
b	Number of employees employed in the pay period that includes March 12, 2007	90b	46
91 a	The books are in care of		MICHAEL J. MANNING
	Located at		330 SOUTH TRYON STREET, CHARLOTTE, NC
	Telephone no.		704-378-1324
	ZIP + 4		28202
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	91b	X
	N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PROJECT REVENUE					3,645,675.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					4,331,161.
95 Interest on savings and temporary cash investments			14	199,985.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	22,334.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER REVENUE					121,934.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		222,319.	8,098,770.
105 Total (add line 104, columns (B), (D), and (E))					8,321,089.

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

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

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

SEE STATEMENT 10

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STATEMENT 9	%			
	%			
	%			
	%			

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

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

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

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	CHAMBER SERVICE CORPORATION, INC. PO BOX 32785 CHARLOTTE, NC 28232	56-1795882	SEE STATEMENT 11	23,453.
b	----- ----- -----			
c	----- ----- -----			
Totals				23,453.

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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

Please Sign Here

Signature of officer: *Michael J. Manning* Date: 5/14/08

Type or print name and title: Michael J. Manning, CFO

Paid Preparer's Use Only

Preparer's signature: *John R. Patten* Date: 5-14-08

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed), address, and ZIP + 4: CHERRY, BEKAERT & HOLLAND, L.L.P.
525 N. TRYON ST., SUITE 1800
CHARLOTTE, NC 28202

EIN: _____

Phone no: 704-377-1678

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
COFFEE SHOP	1	22,334.
TOTAL TO FORM 990, PART I, LINE 6A		22,334.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROPERTY TAX	4,404.			
INSURANCE	45,293.			
EQUIPMENT LEASE	97,131.			
PROFESSIONAL FEES	620,708.			
MISCELLANEOUS	39,068.			
TEMPORARY LABOR	24,614.			
AUTO LEASE	43,570.			
TRAVEL & ENTERTAINMENT	1,578,212.			
INCENTIVES	284,954.			
DUES & SUBSCRIPTIONS	66,759.			
COMMISSIONS	308,313.			
STAFF EDUCATION	34,712.			
TOTAL TO FM 990, LN 43	3,147,738.			

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

TO ADVANCE THE COMMERCIAL, INDUSTRIAL, PROFESSIONAL AND CIVIC INTERESTS OF THE CITY OF CHARLOTTE AND MECKLENBURG COUNTY.

FORM 990 **DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT** **STATEMENT** **4**

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUIPMENT	184,623.	184,079.	544.
OFFICE FURNITURE & FIXTURES	410,795.	365,639.	45,156.
COMPUTER EQUIPMENT AND SOFTWARE	555,541.	484,224.	71,317.
LEASEHOLD IMPROVEMENTS	960,721.	795,643.	165,078.
TOTAL TO FORM 990, PART IV, LN 57	2,111,680.	1,829,585.	282,095.

FORM 990 **OTHER ASSETS** **STATEMENT** **5**

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
OTHER ASSETS	12,000.	12,000.
DUE FROM RELATED PARTY	842,393.	761,989.
EMPLOYEE RECEIVABLES	3,279.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	857,672.	773,989.

FORM 990 **OTHER LIABILITIES** **STATEMENT** **6**

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
OFFICE RENT ALLOWANCE	249,629.	240,585.
DEFERRED LEASE ALLOWANCE	101,267.	88,867.
RETIREE MEDICAL PLAN	143,271.	200,326.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	494,167.	529,778.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	7
DESCRIPTION		AMOUNT	
ADDITIONAL MINIMUM POSTRETIREMENT LIABILITY ADJUSTMENT		49,077.	
TOTAL TO FORM 990, PART IV-B		49,077.	

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	8
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROBERT G. MORGAN PO BOX 32785 CHARLOTTE, NC 28232	PRESIDENT 60.00	324,203.	37,031.	17,801.
TOM NELSON PO BOX 32785 CHARLOTTE, NC 28232	CHAIR 1.00	0.	0.	0.
PAUL GRUBE PO BOX 32785 CHARLOTTE, NC 28232	PAST CHAIR 1.00	0.	0.	0.
PAT RILEY PO BOX 32785 CHARLOTTE, NC 28232	CHAIR ELECT 1.00	0.	0.	0.
TIM BELK PO BOX 32785 CHARLOTTE, NC 28232	2ND VICE CHAIR 1.00	0.	0.	0.
LUTHER COCHRANE PO BOX 32785 CHARLOTTE, NC 28232	CAMPAIGN CO-CHAIR 1.00	0.	0.	0.
DAVID DARNELL PO BOX 32785 CHARLOTTE, NC 28232	CAMPAIGN CO-CHAIR 1.00	0.	0.	0.
JIM TURNER PO BOX 32785 CHARLOTTE, NC 28232	ECONOMIC DEVELOPMENT CHAIR 1.00	0.	0.	0.

PAT RODGERS PO BOX 32785 CHARLOTTE, NC 28232	EDUCATION CHAIR 1.00	0.	0.	0.
DAVID JONES PO BOX 32785 CHARLOTTE, NC 28232	MEMBER VALUE CHAIR 1.00	0.	0.	0.
VI LYLES PO BOX 32785 CHARLOTTE, NC 28232	OPERATIONS/COMMUNICATIONS CHAIR 1.00	0.	0.	0.
WALTER PRICE PO BOX 32785 CHARLOTTE, NC 28232	PUBLIC POLICY CHAIR 1.00	0.	0.	0.
MANUEL ZAPATA PO BOX 32785 CHARLOTTE, NC 28232	STRATEGIC PARTNERSHIPS CHAIR 1.00	0.	0.	0.
ANTHONY FOX PO BOX 32785 CHARLOTTE, NC 28232	GENERAL COUNSEL 1.00	0.	0.	0.
MIKE MCGUIRE PO BOX 32785 CHARLOTTE, NC 28232	TREASURER 1.00	0.	0.	0.
CHERYL RICHARDS PO BOX 32785 CHARLOTTE, NC 28232	CHAMBER CHAPTER CHAIR 1.00	0.	0.	0.
MARY MACMILLAN PO BOX 32785 CHARLOTTE, NC 28232	CHARLOTTE CENTER CITY PRTRN CHAIR 1.00	0.	0.	0.
STEVE LUQUIRE PO BOX 32785 CHARLOTTE, NC 28232	CHARLOTTE REG. PTSP. CHAIR 1.00	0.	0.	0.
MAC EVERETT PO BOX 32785 CHARLOTTE, NC 28232	AT LARGE 1.00	0.	0.	0.
RAY KENNEDY PO BOX 32785 CHARLOTTE, NC 28232	AT LARGE 1.00	0.	0.	0.
MICHAEL MARSICANO PO BOX 32785 CHARLOTTE, NC 28232	AT LARGE 1.00	0.	0.	0.

LEE ARMSTRONG PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
ASTRID CHIRINOS PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
NED CURRAN PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
JONI DAVIS PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
MARTIN DAVIS PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
HANK FLINT PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
RAVI PATEL PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
GARY RUTH PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
CHIP SHELTON PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
MARCUS SMITH PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
KEN AKERS PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
BILL FARMER PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
GEOFF GRAY PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.

KAL KARDOUS PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
STEVE TIMMONS PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
PAMELA DAVIES PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
STEVE MAGOWAN PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
BRENDA ANDERSON PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
JOHN OWENS PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
CARLOS SANCHEZ PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
JEFF KANE PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
HUNTER WIDENER PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
CLAUDE ALEXANDER PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
CHUCK ALLEN PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
ANN CAULKINS PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
TERRI DEBOO PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.

PHIL DUBOIS PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
JEANNIE FALKNOR PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
HILDA GURDIAN PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
LEROY HILL PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
KEVIN O'HARA PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
ELIGIO PENA PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
JOE PIEMONT PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
FRED WHITFIELD PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
TODD PARIS PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
GENE BODYCOTT PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
MARY DAVIS SMART PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
BILL DALEURE PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
ROB MANNING PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.

JIM DROLET PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
BROOK HOBGOOD PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
BENNE HUTSON PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
PAT MCCRORY PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
JOE WHITE PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
MICHAEL SMITH PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
TOM REDDIN PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
JEFFREY TENNYSON PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
JENNIFER ROBERTS PO BOX 32785 CHARLOTTE, NC 28232	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>324,203.</u>	<u>37,031.</u>	<u>17,801.</u>

FORM 990

PART IX - INFORMATION REGARDING TAXABLE
SUBSIDIARIES AND DISREGARDED ENTITIES

STATEMENT 9

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

CHAMBER SERVICES CORPORATION, INC

ADDRESS

PO BOX 32785, CHARLOTTE, NC 28232

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
56-1795882	100.00%	MARKETING	958,381.	355,829.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 10

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93A REVENUE ALLOWS THE CHAMBER TO PROVIDE ACTIVITIES WHICH ENCOURAGE THE EDIFICATION AND CULTURAL GROWTH OF CHARLOTTE.

94 DUES TO ALLOW THE CHAMBER TO PROVIDE ACTIVITIES WHICH ENCOURAGE THE ADVANCEMENT OF COMMERCIAL, INDUSTRIAL, PROFESSIONAL AND CIVIC INTERESTS AMONG MEMBERS IN CHARLOTTE AND THE SURROUNDING AREAS.

103A THE OTHER MISCELLANEOUS INCOME ITEMS ALLOW THE CHAMBER TO PROVIDE CULTURAL AND ECONOMIC GROWTH WITHIN THE CITY AND SURROUNDING AREAS.

FORM 990

DESCRIPTION OF TRANSFER
PART XI, LINE 107

STATEMENT 11

NAME OF CONTROLLED ENTITY

EMPLOYER ID

CHAMBER SERVICE CORPORATION, INC.

56-1795882

DESCRIPTION OF TRANSFER

INTEREST PAID TO CHARLOTTE CHAMBER OF COMMERCE