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Form 990-EZ

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)

OMB No 1545-1150 2009

Open to Public

Department of the Treasury

Sponsoning 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

Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements 07/01/09 , and ending 06/30/10 For the 2009 calendar year, or tax year beginning Please Name of organization Employer identification number Check if applicable use IRS Address change label or APPALACHIAN BALLET COMPANY 23-7252238 Name change print or Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return type. Room/suite See 215 WEST BROADWAY 865-982-8463 Termination Specific Amended return City or town, state or country, and ZIP + 4 Group Exemption Instruc-TN 37801 tions. MARYVILLE Number Application pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach X Cash G Accounting method Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) Check X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Website: WWW.APPALACHIANBALLET.COM H Check ▶ **X** 501(c) (Tax-exempt status (check only one) — **3**) **◄** (insert no.) | 4947(a)(1) or | 527 If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 50,736 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 Investment income 4 Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c SCANNED DEC 2 2 2010 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions 103,719 reported on line 1) 6a 99,630 6b Less: direct expenses other than fundraising expenses 4,089 Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from 7¢ 8 Other revenue (describe 8 54.827 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 9 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 300 Professional fees and other payments to independent contractors 13 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 Other expenses (describe ► SEE STATEMENT 1 54,965 16 16 <u>55,265</u> 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) -438 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 5,778 end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (attach explanation) 20 20 5,340 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (B) End of year (See the instructions for Part II.) (A) Beginning of year 5,778| 5,340 22 Cash, savings, and investments 22 23 Land and buildings 23 24 Other assets (describe 24 778 25 Total assets 25 26 Total liabilities (describe 0 26

5,778

27

340

Form 990-EZ (2009),

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009) APPALACHIAN BALLET COMPANY		3-7252238			Page 2
Part III Statement of Program Service Accomplishments (See the instruc	tions for Part I	II.)	Ex	penses
What is the organization's primary exempt purpose?				(Required	for section
SEE STATEMENT 2				501(c)(3) a	and 501(c)(4)
Describe what was achieved in carrying out the organization's exempt purposes. In				organizatio	ons and section
manner, describe the services provided, the number of persons benefited, or other		4947(a)(1)	trusts; optional		
each program title.			_	for others)
28 BALLET PROGRAM INTENDED TO INSTRUCT AREA CHILDREN AND					
TEENS OF THE CONCEPTS OF BALLET					
			ا پیے		
(Grants \$) If this amount includes foreign grants, cl	heck here	>	Щ	28a	55,265
29					
• • • • • • • • • • • • • • • • • • • •		•			
(Grants \$) If this amount includes foreign grants, cl			႕ㅣ		
(Grants \$) If this amount includes foreign grants, cl	neck nere		┸┼	29a	
	•	••			
· · · · · · · · · · · · · · · · · · ·					
(Grants \$) If this amount includes foreign grants, cl	 neck here		<u>(</u>	30a	
31 Other program services (attach schedule)	TOOK TICIC			Jua	
(Grants \$) If this amount includes foreign grants, ch	neck here	•	$\Box \bot$	31a	
32 Total program service expenses (add lines 28a through 31a)			$\neg \neg$	32	55,265
Part IV List of Officers, Directors, Trustees, and Key Employees. List ea	ch one even if not	compensated. (See	e the ir	nstructions fo	
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,		Contributions to se benefit plans &	(e) Expense account and
(a) Name and address	devoted to position	enter -0)		d compensation	other allowances
AMY MOORE MORTON	ARTISTIC DIR				
	 	7,500		0	0
KATHARINE DORNER	BUSINESS MAN	}			_
CLINT WOODFIN	aus Thias	2,000		0	0
CLINI WOODEIN	CHAIRMAN	o	İ		0
JANE ANDREWS	DIRECTOR		-	0	
· · · · · · · · · · · · · · · · · · ·		o		اه	0
ANGELA BRENT	DIRECTOR				
		0		0	0
DR. MICHELLE BREWER	DIRECTOR				
				0	0
CATHY DICKINSON	DIRECTOR			i	
CUEDOT CADDIED HOURS		0		0	0
SHERRI GARDNER HOWELL	DIRECTOR				
CONNIE JACKSON	DIRECTOR	0			0
	DIRECTOR	o		o	o
JACK JACKSON	DIRECTOR				
	<u> </u>	o		o	0
DR. DREW OSBORN	DIRECTOR				
				0	0
JONATHAN REED	DIRECTOR				
		0		0	0
KIMBERLY PROFFITT	DIRECTOR				
		0		0	0
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	 	··			
· · · · · · · · · · · · · · · · · · ·					
	, !	1		ľ	

Form	990-EZ (2009) APPALACHIAN BALLET COMPANY 23-7252238		P	age 3
P	art V Other Information (Note the statement requirements in the instructions for Part V.)			
			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," attached a conformed copy of			
	the changes	_34		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.	· [ĺ
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section	1		l
	6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	'		
	duning the year? If "Yes," complete applicable parts of Schedule N	36	}	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr			
b	Did the organization file Form 1120-POL for this year?	37b	1	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	. 313		
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	Ť	x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	1000		
39	Section 501(c)(7) organizations. Enter:	┤ :		1
а	Initiation fees and capital contributions included on line 9	[ĺ
b	Gross receipts, included on line 9, for public use of club facilities 39b	- '		ĺ
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.	┤ :		l
-tua	section 4911 ▶		1	1
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	\ .		
U	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	40b		x
_	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	405		
·	organization managers or disqualified persons during the year under sections 4912,		1	l
	4955, and 4958			ĺ
d				ĺ
<u>.</u>	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
Ŭ	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NONE	1400	·	
42a		5-98	2-8	463
42 0	215 WEST BROADWAY	J 5.5	- . •	-,-
		801		
h	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country	420		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			! !
	and Financial Accounts.			
_		420		X
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L J	<u> </u>
40	If "Yes," enter the name of the foreign country:			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	•	• • •	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		l	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	ļ	X
45	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	لييا	<u> </u>
		Form 99	0-EZ	(2009

Form 990-EZ (2009)

APPALACHIAN BALLET COMPANY

Par	Section 501(c)(3) organizations and section 4947(a) 501(c)(3) organizations and section 4947(a)(1) none and complete the tables for lines 50 and 51.							
46	Did the organization engage in direct or indirect political campaign activities of	n behalf of or in op	position to			Yes No		
	candidates for public office? If "Yes," complete Schedule C, Part I	•			46	_ X		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedu	le C, Part II			47	X		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)	? If "Yes," complete	Schedule E	•	48	X		
49a	Did the organization make any transfers to an exempt non-charitable related organization?							
b	If "Yes," was the related organization a section 527 organization?		•	•	49b			
50	Complete this table for the organization's five highest compensated employed	es (other than office	ers, directors, truste	ees and key				
	employees) who each received more than \$100,000 of compensation from the	e organization. If th	ere is none, enter	"None."				
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expense ount and allowances		
NONE								
· ·								
	· · · · · · · · · · · · · · · · · · ·							
•								
f	Total number of other employees paid over \$100,000	<u>→</u>						
NON	(a) Name and address of each independent contractor paid more than \$100,000	(0)	Type of service	(c)	Compens	sauon		
	· · · · · · · · · · · · · · · · · · ·							
d T	Total number of other independent contractors each receiving over \$100,000	. •						
Sign	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete Declaration of preparer (other than		Information of which			ąe		
Here	Signature of officer Katharine L. Dorner, Business Type or print name and title	Manager	Date —					
 Paid	Preparer's Sarren Edwards CPA	Date 11/16	Check if self- employed ▶	Preparer's Iden	, -	·		
Prepa	- 1000010 0000, -11		employed			651321		
Use C	1 111110 (12112) 22121 2 2 2 2 2 2 2 2 2 2 2 2 2 2	, EU		Phone				
	address, and ZIP + 4 ALCOA, TN 37701		· · · · · · · · · · · · · · · · · · ·	—	-984	4-1040		
May th	e IRS discuss this return with the preparer shown above? See instructions				X Ye			
						0-FZ (2009		

23-7252238

Page 4

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.

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

OMB No 1545-0047

2009

Open to Public. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

APPALACHIAN BALLET COMPANY

Employer identification number 23–7252238

			2 2 1 11 21 11	O 1 1 (A1)			 		↓ =-				
P	art I	Reas	son for Public Charity	Status (All organizations	s must	complet	te this	part.)	<u>See ir</u>	nstruct	tions.		
The	orga			ise it is: (For lines 1 through 11,		•	•						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	\Box	A hospital or	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
		city, and state:											
5	П	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	X							£ 4b-			_		
7	Δ			substantial part of its support fr	om a gov	ernmenta	unit or	mom the	e genera	ai public	3		
_	$\Gamma \neg$		section 170(b)(1)(A)(vi). (C										
8	H			170(b)(1)(A)(vi). (Complete Part	-								
9				(1) more than 33 1/3 % of its sup					-	_			
				mpt functions—subject to certain							;		
				and unrelated business taxable in	-			x) from I	busines	ses			
				30, 1975. See section 509(a)(2)									
10		-	-	exclusively to test for public saf	•								
11	Ш			exclusively for the benefit of, to									
				ted organizations described in s						section	ו		
				the type of supporting organizat		•	nes 11e	through	11h.				
		а Туре		c Type III–Function			d		e III–O				
е				ganization is not controlled direc									
				s and other than one or more pu	blicly sup	ported org	ganızatıc	ns desc	ribed in	section	n		
			section 509(a)(2).										
f				ermination from the IRS that it is	a Type I	, Type II,	or Type	III supp	orting				
		organization,	check this box										
g		Since Augus	t 17, 2006, has the organiza	ation accepted any gift or contrib	ution fron	n any of th	ne						
		following per	rsons?										
		(i) A person	n who directly or indirectly o	ontrols, either alone or together	with pers	ons descr	ibed in (ıi)				Yes	No
		and (iii)	below, the governing body o	of the supported organization?							11g(i)	<u> </u>	
		(ii) A family	member of a person descri	bed in (i) above?							11g(ii)	<u> </u>	
		(iii) A 35% c	controlled entity of a person	described in (i) or (ii) above?		•				•••	11g(iii		
h_		Provide the	following information about t	the supported organization(s).		• • •	•••		•				
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Did y	ou notify	(vi)	Is the	(vii) Am	ount of	
•		inization		(described on lines 1-9	in col (i) i	isted in your	the organ	nzation in	organizat				
				above or IRC section (see instructions))	governing	document?		of your oort?		zed in the			
				(see instructions))	Yes	No	Yes	No	Yes	No			
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Schedule A (Form 990 or 990-EZ) 2009 APPALACHIAN BALLET COMPANY 23-7252238 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ") 47,056 22,307 34,581 165,945 50,736 320,625 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 47,056 22,307 34,581 165,945 50,736 320,625 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 4 320,625 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 47,056 22,307 34,581 165,945 320,625 50,736 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 46 12 69 Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 320,694 12 Gross receipts from related activities, etc. (see instructions) 12 103,721 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 99.98% Public support percentage from 2008 Schedule A, Part II, line 14 15 15 99.58% 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

18

Page	

Part II Support Schedule for Organizations Described in Section 509(a)(2)

_	(Complete only if you ch	<u>ecked the box</u>	on line 9 of Pa	art I.)				
	tion A. Public Support							
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
С 8	Add lines 7a and 7b							
•	Public support (Subtract line 7c from line 6.)							
Sec	tion B. Total Support		<u> </u>		······································	<u> </u>		
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				,			
13	Total support. (Add lines 9, 10c, 11,					i		
	and 12.)					· · · · · · · · · · · · · · · · · · ·		
14	First five years. If the Form 990 is for the	•	, second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)	, _	
<u></u>	organization, check this box and stop here		·			·	_	
	tion C. Computation of Public Su							
15	Public support percentage for 2009 (line 8,	• •	-	n (†))	• • •	15	<u>%</u>	
16 Soci	Public support percentage from 2008 Sche					16_	%_	
	tion D. Computation of Investme			column (f)		4-7	0/	
17 18	Investment income percentage for 2009 (Investment income percentage from 2008)		-	column (t))		17	<u>%</u> %	
18 19a	· · · · · · · · · · · · · · · · · · ·			 14 and line 15 in			76	
ı Jd	a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization							
b								
-	line 18 is not more than 33 1/3 %, check the						▶ [
20	Private foundation. If the organization did					•	· ▶ [

	S	pecial Ever	its Schedule		
Form 990	For calendar year 2009, or tax yea		07/01/09 , and e	ending 06/30/	2009
Name	To deletion year 2000, or tax year	a beginning	0.701705 , and e		oyer Identification Number
APPALACHIAN	BALLET COMPANY			23-	7252238
Gross receipts Less contributions Gross revenue Less direct expenses Net income (loss)	(A) 78,026 0 78,026 71,577 6,449	(B) 16,583 0 16,583 20,151 -3,568	9,110 0 9,110 7,902 1,208	Others 0 0 0 0 0 0	0 103,719 99,630
Description (A) (B) (C) Others	NUTCRACKER SPRING SHOW BLUE JEANS & BAI	LET			

237252238 Appalachian Ballet Company
23-7252238 Federal Statements

FYE: 6/30/2010

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

Description	Amount
EXPENSES	
ADVERTISING	961
CLAYTON HOLIDAY CONCERT	900
ARTISTIC DIRECTOR	7,500
BUSINESS MANAGER	2,000
SECRETARY	1,500
TECH DIRECTOR	3,500
TICKET COORDINATOR	800
BOARD EXPENSES	20
DUES	1,344
PATRON LETTER	2,550
RUSSIAN EVENING EVENT	2,564
INSURANCE	3,107
MC-VISA CHARGES	1,981
SCHOLARSHIPS	2,500
ADJUDICATION	75
KITS	16,030
STORAGE	1,800
STUDIO RENTAL	5,600
SUPPLIES	91
WEB DESIGN AUDITIONS	57
	85
TOTAL	\$54,965

237252238 Appalachian Ballet Company
23-7252238 Federal Statements

FYE: 6/30/2010

Statement 2 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

BALLET PROGRAM TO INSTRUCT AREA CHILDREN AND TEENS IN BALLET