

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

Department of the Treasury
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning Jul 1 , 2009, **and ending** Jun 30 , 2010

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	C Name of organization BRISTOL BALLET CO. Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 699 City or town, state or country, and ZIP + 4 BRISTOL VA 24203	D Employer identification number 23-7120686
		E Telephone number (276) 669-6051
		F Group Exemption Number

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

G Accounting method Cash Accrual
Other (specify) _____

I Website: ► **BRISTOLBALLET.ORG**

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

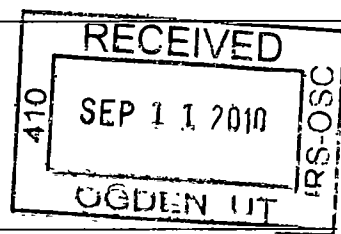
J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check 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

L 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 ► \$ 72,536.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	14,518.
	2 Program service revenue including government fees and contracts	2	57,390.
	3 Membership dues and assessments	3	
	4 Investment income	4	628.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ► _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	72,536.	
EXPENSES	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	39,962.
	13 Professional fees and other payments to independent contractors	13	5,888.
	14 Occupancy, rent, utilities, and maintenance	14	12,813.
	15 Printing, publications, postage, and shipping	15	422.
	16 Other expenses (describe ► See Other Expenses Statement)	16	33,675.
17 Total expenses. Add lines 10 through 16	17	92,760.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-20,224.	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	104,793.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	84,569.



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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	97,438.	22 78,343.
23 Land and buildings	8,313.	23 4,959.
24 Other assets (describe ► See L-24 Stmt)	525.	24 1,267.
25 Total assets	106,276.	25 84,569.
26 Total liabilities (describe ► See L-26 Stmt)	1,483.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	104,793.	27 84,569.

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

Form 990-EZ (2009)

SCANNED SEP 28 2010

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Part III Statement of Program Service Accomplishments (See the instructions.)	Expenses <small>(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)</small>
What is the organization's primary exempt purpose? <u>Raise awareness of the arts.</u>	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title	
28 <u>Presentation of programs that introduce students to the arts</u>	
(Grants \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 71,086.
29	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (attach schedule)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32 71,086.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)

(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
<u>BARBARA SMITH</u> <u>515 GREEN HILL RD</u> <u>BRISTOL VA 24201</u>	PRES. 5.00	0.		0.
<u>JERRY GOODPASTURE</u> <u>520 LAWRENCE AVE</u> <u>BRISTOL VA 24201</u>	TREAS 5.00	0.		0.
<u>CHRIS OWENS</u> <u>136 CANTERBERRY PL</u> <u>BRISTOL TN 37620</u>	PAST PRES 5.00	0.		0.
<u>LISA REECHER</u> <u>301 ROBIN RD</u> <u>BRISTOL TN 37620</u>	DIRECTOR 5.00	0.		0.
<u>WHITNEY SINGLETON</u> <u>313 AUTUMN CIRCLE</u> <u>BLUFF CITY TN 37620</u>	DIRECTOR 5.00	0.		0.
<u>SCOTT DORTON</u> <u>16156 PEREGRINE DR</u> <u>BRISTOL VA 24202</u>	DIRECTOR 5.00	0.		0.
<u>CARTER WADE</u> <u>PO BOX 1704</u> <u>BRISTOL TN 37621</u>	SECRETARY 5.00	0.		0.
<u>DAWN KAYLOR</u> <u>18105 PHILLIPS RD</u> <u>BRISTOL VA 24201</u>	SECRETARY 5.00	0.		0.
<u>MICHELLE PLESCIA</u> <u>328 ARBOR TERRACE</u> <u>KINGSPORT TN 37660</u>	ARTISTIC DIRECTOR 40.00	0.		0.
<u>FAITH STUMPE</u> <u>5 EUCLID AVE</u> <u>BRISTOL VA 24201</u>	VP 5.00	0.		0.
<u>GAYLE STEVENS</u> <u>849 PAGE ST</u> <u>BRISTOL VA 24201</u>	DIRECTOR 5.00	0.		0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirements in the instrs 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		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		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.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u> 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<u>38b</u>	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	<u>39a</u>	
b Gross receipts, included on line 9, for public use of club facilities	<u>39b</u>	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____; section 4912 ▶ _____, section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	<u>40b</u>	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	<u>40e</u>	X
41 List the states with which a copy of this return is filed ▶ _____		

42a The organization's books are in care of **▶** BARBARA BAKER Telephone no **▶** (423) 967-7385
 Located at **▶** 628 CUMBERLAND ST BRISTOL VA ZIP + 4 **▶** 24201

	Yes	No
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 ▶ _____	<u>42b</u>	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶ _____	<u>42c</u>	X

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 **▶** 43

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<u>44</u>	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	<u>45</u>	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 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?

	Yes	No
46		X
47		X
48		X
49a		X
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there 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 and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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.

Sign Here
 Signature of officer: R. Gerald H Goodpasture Date: 8-1-10
 Type or print name and title: R. GERALD H Goodpasture Treasurer

Paid Preparer's Use Only
 Preparer's signature: David E Warren CPA Date: 08/26/10 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: David E Warren CPA, P.C.
307 8th Street
Bristol TN 37620 Preparer's Identifying Number (See instructions): 000575833
 Phone no: (423) 573-9015

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part II 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
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
b 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 organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include "unusual grants.")	48,397.	85,474.	59,711.	65,442.		259,024.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	4,012.	5,389.	5,809.	5,135.		20,345.
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	52,409.	90,863.	65,520.	70,577.		279,369.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						279,369.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	52,409.	90,863.	65,520.	70,577.		279,369.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,913.	3,758.	5,064.	2,899.		16,634.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,913.	3,758.	5,064.	2,899.		16,634.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lns 9, 10c, 11, and 12)						296,003.

14 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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	94.38%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	96.94%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	5.62%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	3.06%

19a 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 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Name as Shown on Return
BRISTOL BALLET CO.

Employer Identification No
23-7120686

Line 24 - Other Assets:	Beginning of Year	End of Year
Accounts Receivable	464.	1,206.
Other Assets	61.	61.
Totals to Form 990-EZ, Part II, line 24	525.	1,267.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Payroll Tax	0.	0.
Accounts Payable	1,483.	0.
Totals to Form 990-EZ, Part II, line 26	1,483.	0.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Payroll Taxes	3,664.
Administrator Supplies	1,871.
Bank Charges	30.
Depreciation	421.
Dues	683.
Insurance	2,474.
Amortization	2,933.
Telephone	546.
Production Costs	18,763.
Fund Raising	1,177.
Miscellaneous	407.
Boutique	486.
Licenses	220.
Total	<u>33,675.</u>

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(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
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DEBORAH WHITAKER 1447 HOLSTON DR BRISTOL TN 37620 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MARY MUMPOWER 804 HOLSTON AVE BRISTOL TN 37620 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> PAIGE BAKER 535 PADDLE CREEK RD BRISTOL TN 37620 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> HANNAH BIBEE 157 FAIRFIELD DR BRISTOL TN 37620 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 5.00	0.	0.	

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Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> STEPHANIE GILLENWATER 212 LAVENDER LN BRISTOL TN 37620 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> KARA HALE 165 WONDER VALLEY RD BRISTOL TN 37620 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> BETH STOCKNER 184 MOUNTAIN VIEW DR ABINGDON VA 24211 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> KATE WHITE 30 CROWN CIRCLE BRISTOL TN 37620 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> STEPHANIE YARBOROUGH 101 CARMACK CIRCLE BRISTOL TN 37620 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> BARBARA BAKER 1005 HILL ST BRISTOL TN 37620 Foreign city _____ Foreign country _____	Title BOOKKEEPER Hours/Week 5.00	0.	0.	