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Department of the Treasu Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(o), 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.

A	For	the 20	109 calendar year, or tax year beginning and end	ing		
В	Check	c if pable:	Please C Name of organization		D Employer Identific	ation number
_		ktreee ange	UN RS	NO		
F	ΞN.	me	print or SOUTHERN HIGHLANDS PREPARATORY PAC. I	NC.	51_0	485184
<u> </u>	Tin#	ange tial	DOING DUSKNESS AS	m/suite	E Telephone number	
F	Ţτe	um min-	Specific 11500 SOUTHERN HIGHLANDS PARKWAY	niveutus		397-1182
	닉쬈	nended turn	tions. City or town, state or country, and ZIP + 4		G Gross receipts \$	32,429.
F		plice-	LAS VEGAS, NV 89141		H(a) is this a group re	
	pe	nding	F Name and address of principal officer:NIKKI BERTI		for affiliates?	Yes X No
			11500 SQ. HIGHLANDS PARKWAY LV,NV 89141		H(b) Are all affiliates incl	
ī	Tax-	exem	pt status: 🗶 501(c) (3		1 ' '	list. (see instructions)
_			► N/A		H(c) Group exemption	•
K	Form	n of ord	nanization; X Corporation	L Year	of formation; 2003 M	State of legal domicile: NV
P	ert	_	ummary			
9	1		effy describe the organization's mission or most significant activities: ${f TO}$ ${f RAI}$		UNDS FROM E	VENTS AND
Governance			ROGRAMS TO PROVIDE DONATIONS TO THE SCHOO			
Ę	2		eck this box 🕨 🛄 if the organization discontinued its operations or disposed			sets.
Š	3		imber of voting members of the governing body (Part VI, line 1a)		r	4
45	4		imber of independent voting members of the governing body (Part VI, line 1b) $$			4
Če Se	5		tal number of employees (Part V, line 2a)			0
Activities	•		tal number of volunteers (estimate if necessary)			0
¥	7		tal gross unrelated business revenue from Part VIII, column (C), line 12		1 1	0.
	┿	b Ne	t unrelated business taxable income from Form 990-T, line 34	 		0.
	١,		and the stage and grants (Post Mill Hope 16)		Prior Year	Current Year
9	١		ontributions and grants (Part VIII, line 1h) Ogram service revenue (Part VIII, line 2g) RECEIVED	···	60,422.	32,429.
Revenue	١			··· ⊢	00,422.	34,443.
æ		0 ln\	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	···· ├─		
		1 Ot 2 To	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A) (Call 12)	·	60,422.	32,429.
_	o		ants and similar amounts paid (Part IX, column (A), lines 1:37	"-	20,133.	27,640.
			enefits paid to or for members (Part IX, dolumn (A) (inter-	·		
ų	. ا		plaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>		
Exnenses	1		ofessional fundraising fees (Part IX, column (A), line 11e)			
٤			otal fundraising expenses (Part IX, column (D), line 25)			
ú	1 1	7 Ot	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	C	34,192.	13,823.
	1	8 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	🗀	54,325.	41,463.
	1	9 Re	evenue less expenses. Subtract line 18 from line 12		6,097.	<9,034.
O.	8			Ве	ginning of Current Year	End of Year
Assets or	ğ 2	30 To	otal assets (Part X, line 16)	<u> </u>	29,901.	20,867.
it As	일 2		otal liabilities (Part X, line 26)			
] Net			et assets or fund balances. Subtract line 21 from line 20	<u></u>	29,901.	20,867.
<u> </u>	ar		Signature Block			and the stand to be a second
17		a	Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and st nd complete, Declaration of preparer (other than officer) is based on all information of which preparer has any k	atementa, (nowledge	and to the best of my knowled	ge and beller, it is true, correct,
×			XI3AMA DAMA		15/10/	2010
> ³¹	gn	H	Signature of officer		Date 101	2010
i i	ere		•			
\equiv			SUZANNE PERO, TREASURER Type or print name and title			
		- '	Date	T Ch	eck if Prepare	er's identifying number
₽Pŧ	iđ	ſ	Preparer's ignature	se		itructions)
ZPr		er's F	irm's name (or	1 611	EIN >	
بالج	е Оп		ours if elf-employed),		-III P	
ŭ		a	ddrees, and		Phone no.	
M	av ti		discuss this return with the preparer shown above? (see instructions)		1	X Yes No
_			10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the sens	rate ine	tructions 13	G Form 990 (2009)

om	990 (2009) * III Statement of	SOUTHERN H	IGHLANDS	PREPARATORY	PAC. INC.	1-0485184	Page 2
1	Briefly describe the org	anization's mission: NDS TO PROVI	DE DONAT		SCHOOL AND ADM	INISTER	
			_	, . .			············
2	Did the organization un the prior Form 990 or 9 If "Yes," describe these	90-EZ?		es during the year which w	were not listed on		X No
3	Did the organization ce	ase conducting, or ma	ke significant ch	anges in how it conducts	, any program services?	Yes	X No
4	Describe the exempt p Section 501(c)(3) and 5	urpose achievements f 601(c)(4) organizations	or each of the or and section 494		program services by expe to report the amount of gra reported.		
48	(Code: DONATIONS TO) (Expenses \$ O PREPARATOR	RY SCHOOL	including grants of \$	27,640.)(Rev	mue \$)
4b	(Code:) (Expenses \$	2.063.	including grants of \$) (Rev	enue \$ 4,	052.)
	WINTER WOND						
40	(Code:) (Expenses \$	2,913	• including grants of \$) (Rev	enue \$ 2,	470.)
	KIDS CARNIV	AL.	-				
4d		es. (Describe in Schedu 36,487. includir		27,640.)(Re	venue \$ 25,90	7	
	(Expenses \$		41.		valua 4 23,30		

-			Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		}	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	}		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	ļ	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	8		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		ļ	
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	: 3/1	國營	經歷
	Part VI.		No.	
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	2,3	學完	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	34.3	验	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			42
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	34.2		
	Part X, line 167 if "Yes," complete Schedule D, Part IX.	,,,,		45.00 v
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	7.0		13.13
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.13	B.F.	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	2,42	Tr.	
	Schedule D, Parts XI, XII, and XIII.	12	<u> </u>	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	18 A.		1
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	وترسير لا	1. 1.	25.5
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			ł
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1		
	located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	↓	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	↓	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u>L</u>	X
		C	.000	

L a	ENTER OF REQUIRED SCHEDULES (CONTINUES)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		ŀ	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		ļ	İ
	Schedule K. If "No", go to line 25	240		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		\vdash
Ū		24-		ŀ
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	 	
		24d		
208	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	208	 	
•	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1	l	
~	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b	<u> </u>	X
28				
~-	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	 -	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	}	1	ļ
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	ì		
	Schedule L, Part III	27	F. K.	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			多流
	instructions for applicable filing thresholds, conditions, and exceptions):	Tulk.	- تايخ د ا الدينة المعادة	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28 a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			ļ
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			ŀ
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<u> </u>		
	If "Yes," complete Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			 ** -
	If "Yes," complete Schedule R, Part V, line 2	38		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	3/		┢┻
38	Note, All Form 990 filers are required to complete Schedule O.		.	
	17479, Part of the second of a required to complete Schedule C.	38	X	

Form 990 (2009) SOUTHERN HIGHLANDS PREPARATORY PAC. INC.

Part VI Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	1a	0 .		A STATE
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0 🧢		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming	-2 12-		
	(gambling) winnings to prize winners?	,	10		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		7, 1		
	filed for the calendar year ending with or within the year covered by this return		<u>0</u>		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			1	343
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by this return?	_3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		<u>3b</u>		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶		Sec. 2	4.7	新疆
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and			
	Financial Accounts.		195	203 2040 2040	也当
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	rding Prohibited			
	Tax Shelter Transaction?		5c		<u></u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization solicit			1
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		7,7		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services			
			7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided? \dots		7b		L_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?	•	7c		x
đ		7d		125	Evg.
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a page of the organization.		-		
_	benefit contract?	,01001102	7e	47,5-20	kriis ali E
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	act?		-	
a	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or				手多樣
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc		: T.		
	at any time during the year?	_	8		112.497.33
9	Sponsoring organizations maintaining donor advised funds.		71		is wast
а	Did the organization make any taxable distributions under section 4966?				" "
b			9b		
10	Section 501(c)(7) organizations. Enter:		₹ -	Ψ.	T. 12.
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		9	. 1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		۴.	17. 2
11	Section 501(c)(12) organizations. Enter:			÷.	13. 5
а	Gross income from members or shareholders	11a		,	; ;
	Gross income from other sources (Do not net amounts due or paid to other sources against		7		1
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	125			Ŀ

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body	<u>1a</u>		4	1		
ь	Enter the number of voting members that are independent	1b		4		3.0	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			江运	
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the			ion			
	of officers, directors or trustees, or key employees to a management company or other person?				3		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 99	0 was filed	?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	t a?			5		X
6	Does the organization have members or stockholders?				6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mber	s of the				
	governing body?				7a		X
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other per	rsons?	7		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	g the year		£13.	15	建 9.
	by the following:						25.3
a	The governing body?				8a	_X_	
þ	Each committee with authority to act on behalf of the governing body?				8b	_X_	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Code.)				
						Yes	No
	Does the organization have local chapters, branches, or affiliates?				10a		<u> </u>
þ	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ters, affiliat	es ,			
	•				10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling th	ne form?	•••••	11	X	HOLDE T
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						i
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a		X
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld giv	ve rise				
	to conflicts?			••••••	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If				l	i	
	in Schedule O how this is done				12c		7.
13	Does the organization have a written whistleblower policy?				13		X
14	Does the organization have a written document retention and destruction policy?				14	- Pro-	X
15	Did the process for determining compensation of the following persons include a review and approver persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	naepenaei	π	7.33	#	
_	The appropriate of CO. Franchica Charles and a second official				45-	The state of	X X
a					15a		-
o	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		••••••		15b	J. 2. C.	<u> </u>
18-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a		7 mi	1	经周
	taxable entity during the year?				16a	، کی <u>گی</u> ت) X
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva				100	ž, 3	बंद्ध
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org			20011	35	450°	£ 35
	exempt status with respect to such arrangements?				16b		المتها
Sec	tion C. Disclosure		***************************************		110%	·	
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)a only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.	,,	,-,,-,- - ,)	,			
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interes	t policy. a	nd fina	ncial	
	statements available to the public.			poo,, a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
20	State the name, physical address, and telephone number of the person who possesses the books a	ınd red	cords of th	e organiza	tion:	•	
	SUZANNE PERO - 702-897-1182	•					
		3914	41				

Form 990 (2009)

SOUTHERN HIGHLANDS PREPARATORY PAC. INC.

51-0485184

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours	(cl		Pos		app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	institutional trustre	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
NIKKI BERTI										
PRESIDENT		┼	H	X	├	\vdash		0.	0.	0
BECKY SULLIVAN VICE-PRESIDENT				x				0.	0.	_
SUZANNE PERO		+	\vdash	┢	\vdash	H	-	U •	U•	0
TREASURER				X				0.	0.	. 0
DONNA D'ORSI		\top		<u> </u>	Г		Т			
SECRETARY				X				0.	0.	0
		-		_						
					L					

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No										ORY PAC. INC		5184 Page 8
to Total 15 Total 16 Total 17 Total 18 Total 19 Total 19 Total 10 Total 10 Total 11 Total 12 Total 13 Total 14 Total 15 Total 16 Total 17 Total 18 Total 19 Total 19 Total 19 Total 10 Total 10 Total 10 Total 10 Total 11 Total 12 Total 13 Total 14 Total 15 Total 16 Total 17 Total 18 Total 19 Total 19 Total 10 Tot	<u>ras</u>	(A)	(B) Average			((Pos	C) ition)		(D) Reportable compensation	(E) Reportable compensation	Estimated amount of
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No Yes No Yes Y				Individual trustee or director	Institutional frustee	Office	Key employee	Highest compensated extployee	Former	the organization	organizations	compensation from the organization and related
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No Yes No Yes Y												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No Yes No Yes Y												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No Yes No Yes Y												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No Yes No Yes Y												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No Yes No Yes Y												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No Yes No Yes Y												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No Yes No Yes Y												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No Yes No Yes Y									Γ			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No Yes No Yes Y												
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes No		Total						┢	Ц	0.	(0.
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) Name and business address Description of services Compensation	2		not limited to t	hose	liste	ed a	bov	e) w	ho r	eceived more than \$10	0,000 in reportable	0
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation Compensation Compensation	3	Did the organization list any former officer				-		-		_	•	Yes No
Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE (A) (B) (C) Compensation Compensation Compensation Compensation	4	For any individual listed on line 1a, is the s	um of reportat	ole c	omp	ens	atio	n an	d ot	her compensation from	the organization	in him dine we want
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation Compensation Compensation	5	Did any person listed on line 1a receive or	accrue compe	nsat	tion 1	fron	any	y uni	relat	ted organization for sen	rices rendered to	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation Compensation Compensation Compensation	Sec		<u>dule j for such</u>	per	son_			•••••	****			. 5 X
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to these listed above) who received more than		Complete this table for your five highest of	ompensated in	dep	ende	ent d	cont	racto	ors 1	that received more than	\$100,000 of compe	ensation from
2. Total aumber of independent contractors (including but not limited to these listed above) who received many than		(A)	s address		•						services	
2 Total number of independent contractors (including but not limited to those listed above) who received more than									_	<u> </u>		<u></u>
2 Total number of independent contractors (including but not limited to those listed above) who received more than							-					
2 Total number of independent contractors (including but not limited to those listed above) who received more than												
2 Total number of independent contractors (including but not limited to those listed above) who received more than							-					
2 Total number of independent contractors (including but not limited to those listed above) who received more than												
\$100,000 in compensation from the organization	2	•		not i	imite	ed to		_	stec	d above) who received r	nore than	

Form			OO9) SOUTH	ERN HIGH	LANDS	PR	EPARATORY	PAC. INC.	51-0485	184 Page 9
Pa			Statement of Reven				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
22	1	8	Federated campaigns	1a					美国 农工程	
29			Membership dues						"是是是是	
ă E			Fundraising events	1c						
gifts,			-	1d			文学		·····································	
돌통			Government grants (contribution					是是主要的	"是是有多数 "	
		f	All other contributions, gifts, grant							
준히			similar amounts not included above							
Contributions and other sim			Noncash contributions included in lines		 -	-	TENT			
9		h_	Total, Add lines 1a-1f			P	edini i i ienciei	140 ZE155, 150 1, 1555	Figure 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CHEST OF STREET STREET
_	_	_			61171		21,371	21,371		
Ş	2		EDUCATION/OTHER BOOKFAIR		61171		4,536			
8 3			WINTER WONDERSH	OP	61171	_	4,052			
E		C A	CARNIVAL	OF	61171		2,470			<u> </u>
Program Service Revenue		•	CARUTANI		011/1		2,470	2,410	· 	
F		•	Ali other program service reve	nue						
		a	Total. Add lines 2a-2f			—	32.429	歌声点影響	· · · · · · · · · · · · · · · · · · ·	
	3		Investment income (including							
	4		Income from investment of tax							
	5		Royalties						1	
				(i) Real	(ii) Perso	nai	2000年中华			是表现是是
	6	a	Gross Rents						"是"是"老男	
		b	Less: rental expenses				一道在一个			建设基础
		C	Rental income or (loss)					A CONTRACTOR OF THE PARTY OF TH		
		d	Net rental income or (loss)							1
	7	a	Gross amount from sales of	(i) Securities	(ii) Othe)				是一种"是一个"
			assets other than inventory					第一次,我们还是	建 企业。	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		b	Less: cost or other basis						"是"经算数。	
			and sales expenses		ļ					
			Gain or (loss)	[建建筑。全国建筑		This was a series	The Fall of
		đ	Net gain or (loss)		. <u></u>	<u> </u>	39 42 - 19 19 19	17.00		1947 - 1
9	8	8		g events (not	-		是想到 日本公			小學學學過
Other Revenue			including \$					第二章 注意 。		
æ	ŀ		contributions reported on line						學學 医弧	
호			Part IV, line 18							国际 表示。
₹			Less: direct expenses			$\overline{}$	د المسلمة أن الرسمية المسلمة	المعاشرة المعاشرة		
	_	c a	Net income or (loss) from fund Gross income from gaming ac	-		ዾ.		199 2 19 77.	# y y v =	27 - 1
	"	a								
		.	Less: direct expenses	a				小道 一方		
		-	Net income or (loss) from gam	••••••	<u>'</u>		and the same of the same of	. Pro 1924 1 maritime a	_ Temm To _	Lista veril 1992 and
	۱,		Gross sales of inventory, less	_					,	2 4 2 4 3 3
	'	_	and allowances		, [
		b	Less: cost of goods sold				1 . /		,	· , · ; †
			Net income or (loss) from sale			—	and the same of th			
,	_	_	Miscellaneous Revenu			Code		and the second	2 12	,
	11	а				T		THE CONTRACTOR OF THE CONTRACTOR OF		
	•	b								<u> </u>
	}	c								Ī
		đ	All other revenue							
		8	Total. Add lines 11a-11d			>		~	11 12	,
	12		Total revenue. See instructions.				32,429	32,429	0.	0.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				新疆,新疆,
	organizations in the U.S. See Part IV, line 21	27,640.	27,640.		时间的图片
2	Grants and other assistance to individuals in			设建设建筑	以特別的
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.		1		
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			海外经验证验的	计是对象的
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified		· · · · · · · · · · · · · · · · · · ·		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		<u> </u>		
11	Fees for services (non-employees):				
а	Management		·		
Ь	Legal				
c	Accounting				
d	Lobbying				
•	Professional fundraising services. See Part IV, line 17		,此一一 万军将军锋	元.连港.PR. 性以为. 3	
f	Investment management fees				
9	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology			_	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses, Itemize expenses not covered		생각		
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)				
а		2,913.	2,913.		
ь	BOOKFAIR/SCHOOL STORE	2,856.			
c	TEACHER APPRECIATION	2,489.			
d	WINTER WONDERSHOP	2,063.			
•					
f	All other expenses	3,502.	3,502.		
25	Total functional expenses. Add lines 1 through 24f	41,463.		0.	0.
28	Joint costs. Check here If following	/	1	<u> </u>	<u> </u>
	SOP 98-2. Complete this line only if the organization		1		
	reported in column (B) joint costs from a combined		[
	educational campaign and fundraising solicitation		[

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	29,901.	1	20,867.
2	Savings and temporary cash investments		2	
3	Piedges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section		認的	
İ	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		8	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other	AND THE PERSON OF THE PERSON O	され	是这种是一种对抗。
	basis. Complete Part VI of Schedule D 10a			
Ь	Less: accumulated depreciation		100	and the second s
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets, Add lines 1 through 15 (must equal line 34)		16	20,867.
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22	Payables to current and former officers, directors, trustees, key employees,	工作的原则是	變、	
	highest compensated employees, and disqualified persons. Complete Part II		1	
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities, Add lines 17 through 25	0.	26	0.
	Organizations that follow SFAS 117, check here		1.3	
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	29,901.	27	20,867.
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here		7	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	. <u> </u>	30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	29,901.		20,867.
34	Total liabilities and net assets/fund balances	29,901.	34	20,867.

		2009) SOUTHERN HIGHLANDS PREPARATORY PAC. INC. 51-048	<u> </u>	Pa:	ge 12
Pa	rt XI	Financial Statements and Reporting			
				Yes	No
1	Acco	ounting method used to prepare the Form 990: X Cash	1.5	ر ب	100
	If the	organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were	e the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were	e the organization's financial statements audited by an independent accountant?	2 b		X
C	If "Ye	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		_	
	revie	w, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the	organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		7.4.35	2 20 22
d	If "Ye	es" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	- £1		
	cons	olidated basis, separate basis, or both:	1.4		
		Separate basis Consolidated basis Both consolidated and separate basis	12 - 14	泛遊	製製
3a	As a	result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	1		
	Act a	and OMB Circular A133?	3a		X
b	If "Ye	es," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or au	udits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b_	<u></u>	<u> </u>
			Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1546-0047

ZUUY

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

Employer identification number

10 Total	Page on 4	SOUTHER	N HIGHLANDS	PREPA	RATOR	Y PAC	INC		51	<u>-0485</u>	<u> 184</u>	
Part			ity Status (All organiz					ructions.				
1 G			s, or association of chur									
2 🗔	-		o, or association of char O(b)(1)(A)(li), (Attach Sc			CUOII 170	יאראי)	•				
3 🗔			ital service organization	-		170/hV1V	AVIII					
	-		operated in conjunction					INVAVII	I) Enter th	e hoenitali	'e nam	.
-	city, and state	-			p 0000.		00011110		,, D. 101 U.	о поорна	3 114411	Φ,
5	•		benefit of a college or us	niversity ov	vned or or	perated by	a govern	nental unit	t describe	d in		
•	-	b)(1)(A)(iv). (Compl				, , , , , , , , , , , , ,	a g o v o · · · · ·					
a 🗀	•		ent or governmental uni	t described	in sectio	n 170/h¥1	VAY-A					
7 🗂	-		eives a substantial part					r from the	general p	ublic desc	nbed i	n
	•	X1XAXvi). (Comple	·			3			3 , p			•
a 🗀	•		section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗔			eives: (1) more than 33	•	•	rom contri	butlons, π	nembershi	o fees, and	d aross red	celots	from
	•	•	nctions - subject to certa		• •		-			•	•	
		•	axable income (less sec	•	•	•				•		
	See section &	509(a)(2). (Complet	e Part III.)				•					
10 🔲	An organization	on organized and o	perated exclusively to te	st for publi	ic safety. S	See sectio	n 509(a)(4	I).				
11 X	An organization	on organized and o	perated exclusively for the	ne benefit (of, to perfo	orm the ful	nctions of,	or to carr	y out the p	urposes o	one o	or
	more publicly	supported organiz	ations described in secti	on 509(a)(1	1) or section	on 509(a)(2	?). See sec	tion 509(a)(3). Che	ck the box	that	
	_	· · · -	organization and compl		•							
	a L Type i	b L_	_ Type II •	тур 📖 з	e III - Fund	tionally in	tegrated		d LX	Type III - (Other	
• 📖	, ,	•	at the organization is not		•	•	•					n
		•	than one or more publich		-				9(a)(1) or s	ection 509)(a)(2).	
f	If the organiza	ation received a wri	tten determination from	the IRS tha	at it is a. Ty	pe I, Type	II, or Type	• III				
	•	ganization, check t	***************************************							••••••		. L.
9			organization accepted as									Г
			directly controls, either a							44 8	Yes	No
			supported organization?								\vdash	X
			n described in (i) above?									X
_			a person described in (i) on about the supported or					•• •••••	••••••	. (119(11)	Щ.	
h	Provide the id	blowing information	about the supported of	ganization	(8).							
(I) Name	of our orded	/III CIN	(iii) Type of	tiv) Is the c	organization	(v) Did vo	u notify the	(vi) Is	the	(c.11) A =		
	of supported Inization	(ii) EIN	organization		sted in your			organizátic (i) organiz	on in col.	(vii) An	port	4
orge	III. LUBOII		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	U.S	.?	Jup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
SOUTH	ERN											
HIGHL	ANDS PR		SCHOOL	x		X		x		2	7,6	40.
			ļ <u></u>			<u> </u>						
				·								
			<u> </u>	ļ	ļ		ļ		\vdash			
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				 			 	 	 	-:		
Total		,		7		1		- · · ·		2	7 6	40.

	dule A (Form 990 or 990-EZ) 2009 Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(Iv) and	170(b)(1)(A)(vi	Page
	(Complete only if you checke	_					
	tion A. Public Support						-
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(e) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-	•					
	ization'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					}	
4	Total. Add lines 1 through 3						
5	The portion of total contributions	27/45/4/32	NAME OF THE PARTY		是我们的		
	by each person (other than a	10000000000000000000000000000000000000					
	governmental unit or publicly	1/15/00/15/15/15					
	supported organization) included	《西斯斯》				國語 中华 國國	
	on line 1 that exceeds 2% of the					医加强性	
	amount shown on line 11,						
	column (f)	,当时是全国的	元代表表来	为信息基本	(学科教育)	學是語彙於	
8	Public support. Subtract line 5 from line 4.	学が変われて	の表記と対対にあ	的學術學學	是其实在於於	學能能到一個	
e	tion B. Total Support			<u>,</u>		· · · · ·	
alc	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				ļ. <u>.</u>		· ·
8	Gross income from interest,						
	dividends, payments received on			ļ	ł		
	securities loans, rents, royalties						
	and income from similar sources		ļ				
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
0	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	7. 6. 49.00	Life and the	St	المستوادة والمستوادة والمستوادة	5411 . 200.	
	Total support. Add lines 7 through 10	· · · · · · · · · · · · · · · · · · ·		対象が記録しい			
	Gross receipts from related activities						
3	First five years. If the Form 990 is fo	or the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
م	organization, check this box and stoction C. Computation of Pub	<u>p nere</u> lic Support Pe	rcentage	•••••••			
							· · · ·
4	Public support percentage for 2009 (Public support percentage from 2006)						
5	33 1/3% support test - 2009. If the c						and
Oil	stop here. The organization qualifies						
	33 1/3% support test - 2008. If the c						
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alendar year (or fiscal year beginning in)	(e) 2009	(f) Total
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The time years in the reminer of the end of the confidence of the control of the	ection 501(c)(3) organ	ization
check this box and stop here	, , , , ,	
ection C. Computation of Public Support Percentage		
Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	
Public support percentage from 2008 Schedule A, Part III, line 15		

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

SCHEDULE (Form 890) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

% |X Employer identification numbe 51-0485184 (h) Purpose of grant or assistance , Xes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of : : : (f) Method of valuation (book, FMV, appraisal, other) ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of 27,640, cash grant LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. SOUTHERN HIGHLANDS PREPARATORY PAC, (c) IRC section rf applicable Enter total number of section 501(c)(3) and government organizations critena used to award the grants or assistance? SCHOOL Part I. General Information on Grants and Assistance (p) EIN Enter total number of other organizations 1 (a) Name and address of organization SCHOOL - 11500 SOUTHERN HIGHLANDS SOUTHERN HIGHLANDS PREPARATORY PARKWAY - LAS VEGAS, NV 89141 or government Name of the organization Part

Schedule I (Form 990) 2009

Page 2 (f) Description of non-cash assistance 51-0485184 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance SOUTHERN HIGHLANDS PREPARATORY PAC, INC. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Par

Schedule I (Form 990) 2009

932102 02-02-10

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

Name of the organization Employer identification number 51-0485184 SOUTHERN HIGHLANDS PREPARATORY PAC INC FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: BOOKFAIRS. EXPENSES \$ 2856. INCLUDING GRANTS OF S 0. REVENUE \$ 4536. VARIOUS INCLUDING SCHOOL DONATIONS, SCHOOL ACTIVITIES, AND TEACHER APPRECIATION EFFORTS. INCLUDING GRANTS OF \$ 27640. EXPENSES \$ 33631. REVENUE \$ 21371 FORM 990, PART VI, SECTION B, LINE 11: REVIEWED 990 AND RELATED INFORMATION WITH BOARD MEMBERS PRIOR TO FILING FORM 990, PART VI, SECTION C, LINE 19: INFORMATION IS AVAILABLE TO ANY MEMBERS WHO REQUEST TO SEE SUCH DOCUMENTATION

2009 PAC Financial Summary

<u>Event</u>	Revenue	Expenses	<u>Net</u>
Accelerated Reader	0	2053.59	-2053.59
Bank Charges	0	284.8	-284.8
Book Fair	4536.33	2856.22	1680.11
Carnival	2470.11	2913.28	-443.17
Education	21304.87	27640.34	-6335.47
Social	0	66.28	-66.28
Professional	0	1097.33	-1097.33
Teacher Appreciation	0	2488.57	-2488.57
Winter Wondershop	4052.07	2063	1989.07
,	32363.38	41463.41	-9100.03
Starting Bank Balance	29930.78		
Plus Revenue	32363.38		
	62294.16		
	62294.16		
Minus Expenses	41463.41		
Ending Balance	20830.75		
Ending Bank Balance	20892.36		
Uncashed Checks (1)	25 33		
Total	20867.03		
Difference	36.28		

Expanded Business Services ® Package

Account number.

■ December 1, 2009 - December 31, 2009 ■ Page 1 of 4



SOUTHERN HIGHLANDS PREPATORY PAC 10736 ALDROVANDI DR LAS VEGAS NV 89141-4285

Questions?

Available by phone 24 hours a day, 7 days a week

1-800-CALL-WELLS (1-800-225-5935)

TTY 1-800-877-4833

En español 1-877-337-7454

Online wellsfargo com/biz

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Portland, OR 97228-6995

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Activity summary Beginning balance on 12/1 \$18,239 54 Deposits/Credits 8,626 87 Withdrawals/Debits - 5,974 05 Ending balance on 12/31 \$20,892 36 Average ledger balance this period \$20,853 10

Overdraft Protection

This account is not currently covered by Overdraft Protection If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed at the top of your statement or visit your Wells Fargo branch

Account options

A check mark in the box indicates you have these convenient services with your account. Go to wellsfargo com/biz or call the number above if you have questions or if you would like to add new services.

Business Online Banking	\checkmark
Rewards for Business Check Card	
Online Statements	
Business Bill Pay	\checkmark
Business Spending Report	\checkmark
Overdraft Protection	

Account number 7655754906

SOUTHERN HIGHLANDS PREPATORY PAC

Nevada account terms and conditions apply

For Direct Deposit and Automatic Payments use

Routing Number (RTN) 321270742

For Wire Transfers use

Routing Number (RTN) 121000248

(825) Sheet Seq = 0022220 Sheet 00001 of 00004



Transaction history

	Check		Deposits/	Withdrawals/	Ending daily
Date	Number	Description	Credits	Debits	balance
12/7		Withdrawal Made IN A Branch/Store		500 00	17,739 54
12/9		POS Purchase - 12/09 Mach ID 000000 Wal-Mart #4356 Wal-Mart		167 56	
		#Las Vegas NV 2105 ?McC=5411 321270742DA			
12/9		Check Crd Purchase 12/08 Twx*Efundraising 800-561-8388 FL		144 00	17,427 98
		491986Xxxxxx2105 343940011880020 ?McC=5969			
		321270742DA01			
12/10		Check Crd Purchase 12/08 Office Depot #2550 Las Vegas NV		53 30	17,374 68
		491986Xxxxxx2105 344940005916042 ?McC=5943			
		321270742DA90			
12/14		Deposit	3,736 37		
12/14		Deposit Made IN A Branch/Store	3,348 50		
12/14		Deposit	493 25		
12/14		Deposit	300 00		
12/14		Deposit	257 00		
12/14		Deposit	236 25		
12/14		Deposit	113 00		
12/14		Deposit	100 00		
12/14		Deposit	42 50		
12/14	2356	Check		120 00	25,881 55
12/15	2357	Check		425 78	25,455 77
12/16		POS Purchase - 12/16 Mach ID 000000 USPS 3148920016USPS		5 65	25,450 12
		31489Las Vegas NV 2105 ?McC=9402 321270742DA			
12/17		Return Item Charge - Paper AZ 091217		52 95	
12/17		Return Item Fee AZ 091217		7 00	
12/17	2359	Check		15 91	
12/17	2363	Check		29 63	
12/17		Check Crd Purchase 12/15 Starbucks USA 00086314 Las Vegas NV		80 00	25,264 63
		491986Xxxxxx2105 351940006737130 ?McC=5814			
		321270742DA90			
12/18	2361	Check		60 00	
12/18		POS Purchase - 12/18 Mach ID 000000 Smiths 10600 S Smiths		5 95	25,198 68
		106Las Vegas NV 2105 ?McC=5411 321270742DA			
12/21		Check Crd Purchase 12/19 Stewart Signs 800-237-3928 FL		1,979 50	23,219 18
		491986Xxxxxx2105 354940011782281 ?McC=5099			
		321270742DA01			
12/24	2358	Check		2,297 62	20,921 56
12/29		Check Crd Purchase 12/27 Nevada Secretary of St 775-684-5734		25 00	20,896 56
		NV 491986Xxxxxx2105 363940010121148 2McC=9399			
		321270742DA01			
12/31		Cash Deposited Fee		4 20	20,892 36
Ending bala	nce on 12/31				20,892.36
Totals			\$8,626 87	\$5,974.05	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed

Summary of checks written (checks listed are also displayed in the preceding Transaction history)

Number	Date	Amount	Number	Date	Amount	Number	Date	Amount
2356	12/14	120 00	2358	12/24	2,297 62	2361 *	12/18	60 00
2357	12/15	425 78	2359	12/17	15 91	2363 *	12/17	29 63

Gap in check sequence

Sheet Seq = 0022221 Sheet 00002 of 00004 Account number

■ December 1, 2009 - December 31, 2009 ■ Page 3 of 4





MINIOR IMPORTANT ACCOUNT INFORMATION

Important Information - Effective March 17, 2010

Wells Fargo Business Platinum Check Card or Business ATM Card Transactions The Foreign Currency Conversion Fee will be re-named International Purchase Transaction Fee The fee for either network or merchant converted transactions completed outside the United States will be 3% of the transaction amount. You may transfer available funds between your linked primary checking and primary savings accounts at select non-Wells Fargo ATMs. The fee to transfer funds or to request a balance inquiry at non-Wells Fargo ATMs is \$2 00 each (U S and International)

Collections-Domestic Incoming/Outgoing Items with or without Documentation will be \$25 per Item. There will be a \$25 Incoming/Outgoing Domestic Collection fee for Inbound Without Entry Claims

Foreign & International Services Foreign Drafts, \$30 per order International Item Collection of \$250 or more, \$75 each

Branch Deposit Corrections fee will be \$7 50 per correction

For questions, please contact your local banker or call the phone number at the top of your statement. Your charges may vary depending on your account relationship. We appreciate your business and look forward to continuing to service your financial needs

Sheet Seq = 0022222 Sheet 00003 of 00004

■ December 1, 2009 - December 31, 2009 ■ Page 4 of 4



General statement policies for Wells Fargo Bank

■ Notice: Wells Fargo Bank, N A may furnish information about accounts belonging to individuals, including sole proprietorships, to consumer reporting agencies. If this applies to you, you have the right to dispute the accuracy of information that we have reported by writing to us at Overdraft Collections and Recovery, P O. Box 5058, Portland, OR 97208-5058

You must describe the specific information that is inaccurate or in dispute and the basis for any dispute with supporting documentation. In the case of information that relates to an identity theft, you will need to provide us with an identity theft report.

Account Balance Calculation Worksheet	Number	Items Outstanding	Amount
Use the following worksheet to calculate your overall account balance			
Go through your register and mark each check, withdrawal, ATM transaction, payment, deposit or other credit listed on your statement			
Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period			
Use the chart to the right to list any deposits, transfers to your account,			
outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in			
your register but not shown on your statement		· · · · · · · · · · · · · · · · · · ·	
ENTER			
A. The ending balance			
shown on your statement \$	ļ		
ADD			
- -			
your register or transfers into			
3. Any deposits listed in your your register or transfers into your account which are not shown on your statement			
shown on your statement + \$			
TOTAL \$			
CALCULATE THE SUBTOTAL			
(Add Parts A and B)			
•			
TOTAL \$			
SUBTRACT			
C. The total outstanding checks and			
withdrawals from the chart above - \$			
CALCULATE THE ENDING BALANCE			
(Part A + Part B - Part C)			
This amount should be the same			
as the current balance shown in			
your check register .\$			
		Total amour	nt \$

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Accelerated Reader 1/6/2009 southern hig 2300 Accelerated -500.00 1/7/2009 southern hig Accelerated -400 00 1/8/2009 southern hig Accelerated -300.00 3/19/2009 southern hig Accelerated -28.50 3/19/2009 southern hig Accelerated -28.50 3/19/2009 southern hig Accelerated -28.50 3/19/2009 southern hig Accelerated -123.96 3/19/2009 southern hig Accelerated -28.50 3/19/2009 southern hig Accelerated -32.33 3/20/2009 southern hig Accelerated -32.83 5/18/2009 southern hig Accelerated -38.85 5/27/2009 southern hig Accelerated -88.85 5/27/2009 southern hig Accelerated -88.85 1/6/2009 southern hig Accelerated -88.85 1/18/2009 southern hig Accelerated -53.80 1/14/2009 southern hig Accelerated -45.00 1/14/2009 southern hig Accelerated -53.80 1/18/2009 southern hig Accelerated -53.80 1/18/2009 southern hig Accelerated -53.80 1/18/2009 southern hig Accelerated -54.50 1/18/2009 southern hig Accelerated -55.00 1/18/2009 southern hig Bank Charge -55.00 1/18/2009 southern hig Bank Charge -55.00 1/18/2009 southern hig Bank Charge -55.00 1/18/2009 southern hig Bank Charge -25.00 3/3/2009 southern hig Bank Charge -25.00 3/3/2009 southern hig Bank Charge -35.00 3/3/2009 southern hig Bank Charge -35.00 3/16/2009 southern hig Bank Charge -35.00 3/16/2009 southern hig Bank Charge -10.00 5/14/2009 southern hig Bank Charge -10.00 3/16/2009 southern hig Bank Charge -10.00 3/11/2009 southern hig Bank Charge -10.00 3/1	D	ate	Account	Num	Description	Memo	Category	Clr	Amount	
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	1/23	/2009	southern hig				Box Tops		-12 81	

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Date Account Num Desc 3/2/2009 southern hig 8/13/2009 southern hig 10/30/2009 southern hig Carnival 3/11/2009 southern hig 3/31/2009 southern hig 4/13/2009 southern hig 4/15/2009 southern hig 4/15/2009 southern hig 4/15/2009 southern hig 4/16/2009 southern hig 4/17/2009 southern hig 4/17/2009 southern hig	Box Tops
8/13/2009 southern hig 10/30/2009 southern hig Carnival 3/11/2009 southern hig 2307 3/31/2009 southern hig 4/13/2009 southern hig 4/15/2009 southern hig 4/15/2009 southern hig 4/15/2009 southern hig 4/16/2009 southern hig 4/16/2009 southern hig 4/16/2009 southern hig	Box Tops -12 0 Box Tops -15 0 -443.1 Carnival -620 0 Carnival -10.7 Carnival -131 5 Carnival -359 1 Carnival -20 0 Carnival -67.5 Carnival -243 5 Carnival -17 9 Carnival -7 5 Carnival -91 6 Carnival -91 6 Carnival -91 6 Carnival -267 8 Carnival -267 8
10/30/2009 southern hig Carnival 3/11/2009 southern hig 2307 3/31/2009 southern hig 4/13/2009 southern hig 4/13/2009 southern hig 4/15/2009 southern hig 4/15/2009 southern hig 4/15/2009 southern hig 4/16/2009 southern hig	Box Tops -15 0 -443.1 Carnival -620 0 Carnival -10.7 Carnival -131 5 Carnival -359 1 Carnival -20 0 Carnival -67.5 Carnival -67.5 Carnival -17 9 Carnival -7 5 Carnival -7 5 Carnival -91 6 Carnival -91 6 Carnival -267 8 Carnival -267 8 Carnival -620 0
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4/13/2009 southern hig 4/15/2009 southern hig 4/15/2009 southern hig 4/15/2009 southern hig 4/16/2009 southern hig	Carnival -359 1 Carnival -20 0 Carnival -67.5 Carnival -243 5 Carnival -17 9 Carnival -7 5 3 Carnival -91 6 Carnival -267 8 Carnival -620 0
4/15/2009 southern hig 4/15/2009 southern hig 4/15/2009 southern hig 4/16/2009 southern hig	Carnival -20 0 Carnival -67.5 Carnival -243 5 Carnival -17 9 Carnival -7 5 3 Carnival -91 6 Carnival -267 8 Carnival -620 0
4/15/2009 southern hig 4/15/2009 southern hig 4/16/2009 southern hig	Carnival -67.5 Carnival -243 5 Carnival -17 9 Carnival -7 5 Carnival -91 6 Carnival -267 8 Carnival -620 0
4/15/2009 southern hig 4/16/2009 southern hig	Carnival -243 5 Carnival -17 9 Carnival -7 5 Carnival -91 6 Carnival -267 8 Carnival -620 0
4/16/2009 southern hig	Carnival -17 9 Carnival -7 5 Carnival -91 6 Carnival -267 8 Carnival -620 0
_	Carnival -7 5 Carnival -91 6 Carnival -267 8 Carnival -620 0
	Carnival -91 6 Carnival -267 8 Carnival -620 0
4/17/2009 southern hig	Carnival -267 8 Carnival -620 0
4/17/2009 southern hig	Carnival -620 0
4/18/2009 southern hig 2321	
4/18/2009 southern hig 2322	
4/18/2009 southern hig	Carnival -16 6
•	Carnival -56 8
4/18/2009 southern hig 4/26/2009 southern hig . 2326	Carnival -59 2
	Carnival -22 9
4/26/2009 southern hig 2325	Carnival 300 0
4/27/2009 southern hig	
4/27/2009 southern hig	
4/27/2009 southern hig	Carnival 419 1
4/27/2009 southern hig Education	Carnival 364 0 -6,666.9
1/20/2009 southern hig	Education 1,200 0 Education 237 8
1/20/2009 southern hig	
1/20/2009 southern hig	Education 50 0
1/21/2009 southern hig	Education -39 6
1/21/2009 southern hig	Education -18 5
1/26/2009 southern hig	. Education -90 7
1/28/2009 southern hig 2302	Education -145 3
1/28/2009 southern hig	Education -400 7
1/29/2009 southern hig	Education -5 0
2/2/2009 southern hig	Education -26 9
2/3/2009 southern hig 2303	Education -104 4
2/3/2009 southern hig . 2304	Education -20 0
2/3/2009 southern hig 2305	Education -34 5
2/6/2009 southern hig	Education -206 8
2/9/2009 southern hig	Education -161 6
2/10/2009 southern hig	Education 1,290 0
2/10/2009 southern hig	Education 700 0
2/10/2009 southern hig	Education 57.7
2/10/2009 southern hig.	Education -8 6
2/27/2009 southern hig 2306	. Education -14 1
3/9/2009 southern hig .	Education -19 2
3/11/2009 southern hig 2308	Education -20 0
3/11/2009 southern hig 2309	Education -20 0
3/11/2009 southern hig 2310	Education -23 7
3/11/2009 southern hig 2311	Education -19 3
3/12/2009 southern hig	Education -17 2

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	Date	Account	Num	Description	Memo	Category	Cir	Amount
	3/12/2009	southern hig				Education		-16 15
	3/17/2009	southern hig				Education		-13 61
	3/19/2009	southern hig				Education		-111 36
	3/21/2009	southern hig	2312	,		Education		-20 00
	3/21/2009	southern hig	2313			Education		-20 00
	3/21/2009	southern hig	2314			Education		-10 00
	3/21/2009	southern hig	2315			Education		-10 00
	3/21/2009	southern hig	2316			Education		-20 00
	3/21/2009	southern hig	. 2317			Education		-114 70
	3/26/2009	southern hig	2318			Education		-20 00
	3/26/2009	southern hig	2319			Education		-75 00 -70 00
	3/27/2009	southern hig.				Education		-76 96
	3/27/2009	southern hig .				. Education		100 00
	3/27/2009	southern hig				Education		216 15
	3/27/2009	southern hig.				Education		490 00
	3/27/2009	southern hig				Education		553 25
	3/30/2009	southern hig	2320			Education		-1,000 00
	3/31/2009	southern hig				Education		-38 64
	4/10/2009	southern hig		-		Education		163 00
	4/10/2009	southern hig				Education		350 00
	4/10/2009	southern hig	•			Education		613 98
	4/17/2009	southern hig				Education		-47 37
	4/18/2009	southern hig				Education		100 00
	4/18/2009	southern hig	0000			Education		9,330 00
	4/19/2009	southern hig.	2323			Education		-311 60
	4/23/2009	southern hig	2328			Education		-11,190 00
	4/26/2009	southern hig	2327			Education		-187.40
	4/27/2009	southern hig	· · · · · · · · · · · · · · · · · · ·			Education		578 00
	4/28/2009	southern hig				Education		-27 90
	4/29/2009	southern hig	0220			Education		-42 99 500 00
	4/30/2009	southern hig .	2330			Education		-500 00 -121 22
	5/1/2009	southern hig				Education Education		-121 22 -24 00
	5/4/2009	southern hig	0000					-400 00
	5/6/2009	southern hig	2332			Education		-400 00
	5/6/2009	southern hig	2333			Education Education		-42 33
	5/6/2009	southern hig	2334			Education		-226 50
	5/6/2009 5/8/2009	southern hig	2335			Education		252 80
		southern hig southern hig				Education		368 00
	5/8/2009 5/8/2009	southern hig	•			Education		400 00
	5/14/2009	southern hig	2338	•		Education		-256 00
	5/14/2009	southern hig	2336			Education		-230 60 -9 67
	5/15/2009	southern hig	2340			Education		-5 00
	5/18/2009	southern hig	2340	•		Education		-64 64
	5/19/2009	southern hig				Education		-53 98
	5/19/2009	southern hig.	•			Education		-27 56
	5/20/2009	southern hig				Education		-292 60
	5/20/2009	southern hig				. Education		-65 97
	5/22/2009	southern hig				Education		-28 98
	5/22/2009	southern hig				Education		-30 24
	5/27/2009	southern hig	2341			Education		-78 00
	5/28/2009	southern hig	20T1			Education		-23 23
	5,20,2000	300th ing						

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	Date	Account	Num	Description	Memo	Category	Clr	Amount
	5/29/2009	southern hig				Education		-93 51
	5/29/2009	southern hig				Education		-107 75
_	5/29/2009	southern hig				Education		-134 83
	5/31/2009	southern hig.	2343			Education		-175 00
	5/31/2009	southern hig	2342			Education		-34 47
	6/1/2009	southern hig	2345			Education		-106 84
	6/1/2009	southern hig	2344			Education		-20 24
	6/1/2009	southern hig				Education		-80 81
	6/3/2009	southern hig	2346			Education		-1,314 40
	6/3/2009	southern hig				Education		76 00
	6/3/2009	southern hig				Education		1,435 00
	6/4/2009	southern hig	2348			Education		-70 00
	6/4/2009	southern hig	.2347			Education		-70 00
	6/4/2009	southern hig				Education		-4 84
	6/4/2009	southern hig.				Education		-7 53
	6/4/2009	southern hig .	 			Education		-51 99
	6/4/2009	southern hig.				Education		-199 50
	6/8/2009	southern hig				Education		-53 41
	6/8/2009	southern hig				Education		175 00
	6/8/2009	southern hig				Education		360 00
	6/15/2009	southern hig				Education		-80 81
	7/29/2009	southern hig				Education		525 00
	8/3/2009	southern hig				Education		-28 82
	8/12/2009	southern hig				Education		-38 57
_	8/13/2009	southern hig				Education		-123 83
	8/14/2009	southern hig	2349			Education		-35 00
	8/17/2009	southern hig				Education		-19 35
_	8/17/2009	southern hig				Education		-84 32
	8/17/2009	southern hig				Education		-600 00
	8/20/2009	southern hig				Education		-24 08
	8/27/2009	southern hig				Education		-1,492 05
	9/2/2009	southern hig	2350			. Education		-95 30
	9/3/2009	southern hig.				Education		-653 30
	9/8/2009	southern hig .				Education		-8 95
	9/11/2009	southern hig.	•			Education		-43 13
	9/14/2009	southern hig				Education		120 00
_	9/14/2009	southern hig	····			Education		205 00
	9/15/2009	southern hig				Education		-47 96
	9/21/2009	southern hig	•			Education		-118 86
	9/21/2009	southern hig				Education		-154 99
	9/25/2009	southern hig	•			Education		-263 10
	9/25/2009	southern hig				Education		-100 00
	9/28/2009	southern hig				Education		-10.79
	9/28/2009	southern hig				Education		-57 60
	10/13/2009	southern hig				dEducation		-499 99
	10/13/2009	southern hig				Education		129 19
	10/13/2009	southern hig.				. Education		170 00
	10/13/2009	southern hig.	•			Education		-20 00
	10/14/2009	southern hig.				Education		-13 96
	10/15/2009	southern hig				Education		-25 91
	10/15/2009	southern hig	•			Education		-45 78
_								-221 28
	10/16/2009	southern hig				Education		-421 40

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	Date	Account	Num	Description	Memo	Category	Clr	Amount
	10/26/2009	southern hig				Education		-389 44
	10/30/2009	southern hig				Education		104 00
	11/5/2009	southern hig				Education		-32 40
	11/10/2009	southern hig				Education		-66 12
	11/16/2009	southern hig.	2351			Education		-62 59
	11/16/2009	southern hig				Education		-292 27
	11/23/2009	southern hig	2352			Education		-7 57
	11/25/2009	southern hig				Education		-38 91
	11/29/2009	southern hig				Education		-44 31
	12/14/2009	southern hig.				Education		113 00
	12/14/2009	southern hig				Education		257 00
	12/21/2009	southern hig				Education		-1,979 50
Eigl	hth Grade Trip	To Washington	n					-197.30
	12/9/2009	southern hig				Eighth Grad		-144 00
	12/10/2009	southern hig				Eighth Grad		-53 30
Pro	fessional							-1,097.33
	2/6/2009	southern hig				Professional		-18 49
	2/9/2009	southern hig .				Professional		-87 76
	3/4/2009	southern hig				Professional		-27 44
	3/12/2009	southern hig				Professional		-29 09
	3/13/2009	southern hig				Professional		-16 53
	4/27/2009	southern hig .	•			Professional		-30 37
	4/30/2009	southern hig	2329			Professional		-744 00
	5/15/2009	southern hig				Professional		-31 68
	6/1/2009	southern hig				Professional		-35 18
	7/31/2009	southern hig				.Professional	<u> </u>	-51 79
	12/29/2009	southern hig				Professional		-25 00
Soc	ial							-66.28
	4/27/2009	southern hig				; Social		-66 28
Tea	cher Apprecia	tion						-2,488.57
	4/28/2009	southern hig				Teacher App		-1,229 50
	4/30/2009	southern hig				Teacher App		-23 68
	4/30/2009	southern hig				Teacher App		-24.21
	5/1/2009	southern hig				Teacher App		-186 48
	5/4/2009	southern hig				Teacher App		-95 76
	5/4/2009	southern hig.				Teacher App		-12 89
	5/5/2009	southern hig				Teacher App		-6 44
	5/5/2009	southern hig				Teacher App		-10.80
	5/6/2009	southern hig	2331			Teacher App		-20 00
	5/6/2009	southern hig	2336			Teacher App		-136 28
	5/6/2009	southern hig	. 2337			Teacher App		-133 92
	5/8/2009	southern hig				Teacher App		-53 88
	5/14/2009	southern hig.	2339			Teacher App		-554 73
Win	ter Wondersho	ор						1,989.07
	1/20/2009	southern hig				Winter Won		100 00
	1/20/2009	southern hig				Winter Won		10 32
	1/21/2009	southern hig	2301			t Winter Won		-20 00
	1/26/2009	southern hig				Winter Won.		-50 64
	4/26/2009	southern hig	2324			Winter Won		-26 95
	10/13/2009	southern hig				Winter Won		-14 04
	11/10/2009	southern hig				Winter Won		-14 98

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Date	Account	Num	Description	Memo	Category	Clr	Amount
11/10/2009	southern hig				Winter Won		-256 81
11/12/2009	southern hig			!	Winter Won		-55 48
11/23/2009	southern hig	2354			Winter Won		-88 91
11/23/2009	southern hig	2353		;	Winter Won		-30 00
11/23/2009	southern hig			;	Winter Won		-38 42
12/7/2009	southern hig				Winter Won		-500 00
12/8/2009	southern hig	2357			Winter Won		-425 78
12/9/2009	southern hig.			-	Winter Won		-167 56
12/14/2009	southern hig				Winter Won		100 00
12/14/2009	southern hig				Winter Won		3,348 50
12/14/2009	southern hig			_	Winter Won		493.25
12/15/2009	southern hig	2363		;	Winter Won		-29 63
12/15/2009	southern hig	2360		,	Winter Won		-9 26
12/15/2009	southern hig	2362		;	Winter Won		-16 07
12/15/2009	southern hig	2361		:	Winter Won		-60 00
12/15/2009	southern hig	2359	J	درد ددد.	Winter Won		-15 91
				OV	ERALL TOTAL		-9,100.03