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Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-1150

2009

Open to Public Inspection

Α	For t	he 2009 calend	ar year,	or tax year beginning	7/01	, 2009,	and endin	<u>g</u>		, 20	10_
В	Check	ıf applicable	Please	C Name of organization	· •			D Empl	oyer id	lentification numl	ber
	Addres	ss change	use IRS label or	PTA New Mexico Congress	, Mountain Element	ary School		ı	8	5-0448519	
	Name	change	print or	Number and street (or P O box,	if mail is not delivered t	to street address)	Room/suit	e E Telep	hone n	umber	
느	Initial		type. See	2280 North Road				1	5	056632325	
닏	Termir		Specific	City or town, state or country, an	nd ZIP + 4		l	E Cro			
$\vdash$	i	ded return	Instruc- tions.	Los Alamos, NM 87544				F Grou	ıp Exe iber <b>İ</b>	•	
<u>_</u>		ation pending		<del></del>			1				
	• Se	ection 501(c)(3)	organiz	rations and 4947(a)(1) nonex	empt charitable tru	sts must attach	1			☑ Cash ☐	Accrual
			a cor	mpleted Schedule A (Form 9	30 or 990-E2).			ther (specify)			
							H C	neck 🕨 🗹	if the c	organization is n	iot
I	Web	site: ► <u>N/A</u>					re	quired to att	ach S	chedule B (Form	า 990,
J	Tax-e	exempt status (	check o	nly one) — 🗹 501(c) ( 3 ) ◀	l (insert no ) 🔲 494	17(a)(1) or 🔲 5	27 99	90-EZ, or 990	0-PF).		
K	Chec	k <b>▶</b> 🔲 ıfth	e organı	zation is not a section 509(a)(3)	supporting organiza	tion and its gros	s receipts	are normally	not m	ore than \$25,000	0. A
	Form	990-EZ or Forn	n 990 re	turn is not required, but if the	organization choose	es to file a return	be sure to	file a compl	lete re	turn.	
ī				e 9 to determine gross receipts;					\$		
_	Part			enses, and Changes ir						<u> </u>	
_	1			ts, grants, and similar amou					1	,	7203
			-	•					2		0
	2	-		revenue including governm							
	3		•	s and assessments					3		119
	4								4		42
	5			m sale of assets other than	•	<u>5a</u>	<u> </u>	0			
	İ			er basis and sales expense			<u> </u>	0			
				n sale of assets other than					5c		0
2	<u> </u>	Special event	s and act	tivities (complete applicable parts	of Schedule G). If any a	mount is from gan	ning, check l	here ▶ 🔲 .			
ġ	5	a Gross reve	enue (no	ot including \$	of contri	butions			ľ		
				) <del></del>		6a		75488			
				, nses other than fundraising		6b		46997			
			•	ss) from special events and	•		line 6a)		6c		28492
	II _			entory, less returns and all				9392			
9		b Less: cost				. 7b	<del> </del>	8346			
4			•	ss) from sales of inventory					7c		1046
ر ا		•	•	· ·	(Subtract line 70 i	ionimie raj .					0
5	8					CEIVED			8	-	36902
<b>3</b> -	9			dd lines 1, 2, 3, 4, 5c, 6c, 7	<del></del>	CIVEL		. •	9		
J	10			r amounts paid (attach sch	1 1	· · · · ·	၂႘		10		33412
	11	Benefits pa	aid to c	or for members		V:1:8:2010	151.		11	<u> </u>	0
	្ជ   12	Salaries, o	ther co	mpensation, and employee			.   SE   .		12		0
5	<u>?</u>   13	Profession	al fees	and other payments to ind	ependent contrac				13		0
	រុំ   14	Occupanc	y, rent,	utilities, and maintenance	O(	SDEW 17	A		14	ļ	0
Ű	<sup>]</sup>   15	Printing, p	ublicati	ons, postage, and shipping	j != "				15		260
	16	Other expe	enses (d	describe 🕨 insurance, an	nual conference	·		)	16		436
	17	Total expe	enses.	Add lines 10 through 16 .	<u> </u>	<u> </u>		▶	17		34108
_	ຸ 18	Excess or	(deficit)	) for the year (Subtract line	17 from line 9) .				18		2794
ţ	ุรี   19	Net assets	or fur	nd balances at beginning of	of year (from line :	27, column (A)	) (must a	gree with			
Š	<u> </u>			e reported on prior year's re					19		3839
;	19		_	net assets or fund balance					20		0
Ž	21		_	d balances at end of year.	•	•			21		6633
	Part			ets. If Total assets on line 2						ad of Form 99	
				(See the instructions for		,,		) Beginning of		(B) End of y	
,	22	Cash savassa	and in	•	· ·		<u>⊢</u>	,	3839		6633
				nvestments						23	0000
								_		24	0
	24	otner assets (	uescrib	pe ▶			)				
		•					· •		3839	<del></del>	6633
		Total liabilitie	s (desc	cribe ►	- (D)	uale lune Od'	—)		3830	26	6633
•	<b>\</b> 7	BLOS OCCOSO OF			THE PRINCE SOLOG V	UTO UOO 3711			4 × 4 O	1 7 2 7 1	6677

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

Cat No 106421

Form **990-EZ** (2009)

	200 12 (2000)					l age =
Par	Statement of Program Service Accom	plishments (See the instru	uctions for Part II	l.)		Expenses
What	is the organization's primary exempt purpose?	student, teacher, parent and	community enrich	ment		ired for section
	ribe what was achieved in carrying out the org					)(3) and 501(c)(4)
	ner, describe the services provided, the number of					izations and section a)(1) trusts, optional
	program title.	,			for ot	
	Student support/enrichment/education: field trips, as	seembline classroom materis	ale tutoring			,
20	hot lunch program. Spelling Team supplies, Student					
		Council supplies and benavi	or motivation,	·		
	awards, field trips.					40000
	<u> </u>	includes foreign grants, che		<u>. ▶ ∐</u>	28a	10889
29	Teacher support/enrichment/education: classroom n					,
	materials. Permanent classrooms materials such as	books, science equipment, c	ooking materials			,
	teacher training, and moral materials.					
	(Grants \$ 14320) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a	14320
30	Parent and community support: scholarships, carniv	al, other. PTA sponsored a fa	atherhood			
	breakfast "Embracing Fatherhood", provided college	scholarships to two former	students, put on			
	a community-wide Halloween Carnival, and provided	<del></del>				
		includes foreign grants, che		▶ □	30a	8203
21	Other program services (attach schedule)				1000	
<b>J</b> 1					31a	0
20		includes foreign grants, che			_	33412
	Total program service expenses (add lines 28a t				32	
Par	List of Officers, Directors, Trustees, and Key	<del>, ' ' ' </del>		<del></del>		
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution (d) Co	t plans &	
		devoted to position	enter -0)	deferred compe	nsation	other allowances
Robe	ert Harris	President, 5				
1016	49th Street, Los Alamos, NM 87544		0		0	0
Melis	ssa Salmon	T				
1485	44th Street, Los Alamos, NM 87544	Treasurer, 5	0		0	0
Jenn	ifer Hopkins					
888	Kristi Lane, Los Alamos, NM 87544	Secretary, 1	0		0	. o
	w McCumber			-		
	S Soi, Los Alamos, NM 87544	Vice President, 1	0		0	l o
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	0-EZ (2009)		Р	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	00	Yes	No ✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of	33		1
35	the changes	34		
а	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.  Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			ا ــــا
	6033(e) notice, reporting, and proxy tax requirements?	35a 35b		<b>~</b>
36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	36		<b>✓</b>
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a N/A  Did the organization file Form 1120-POL for this year?	37b		
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?	38a	-	<b>V</b>
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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	401	-	<b>✓</b>
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,	40b		
d				
е	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	40e		
41	List the states with which a copy of this return is filed. ▶ New Mexico			
42a			16418	
h	Located at ► 4214 Arizona, Los Alamos, NM ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority	875	<del>,44</del>	
J	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ▶	420		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	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: ▶	42c		<b>✓</b>
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		. I	▶ □
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		·
	Form	990	)-F7	(0000)

Part VI

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1 47(a)(1) nonexemp nd 51.	) nonexem ot charitable	pt charita trusts mu	<b>ble trusts only.</b> A st answer question	II sec ons 46	tion 5-491	<b>o</b>
	Did the organization engage in direct or indirect						Yes	No
	candidates for public office? If "Yes," complete s	Schedule C, Part I				46		1
	Did the organization engage in lobbying activities	•				47		<b>/</b>
	Is the organization a school as described in section					48		<b>/</b>
	Did the organization make any transfers to an ex					49a		<b>✓</b>
	If "Yes;" was the related organization a section 5					49b		
50	Complete this table for the organization's five his employees) who each received more than \$100,							
	(a) Name and address of each employee paid more	(b) Title and avera	age (c)	Compensation	(d) Contributions to employee benefit plans &	(e)	Expen	se and
N/A	than \$100,000	devoted to positi	on		deferred compensation	other	allowa	inces
11/A	······································							
_						-		
		1						
				<u>.                                      </u>			_	
		1						
	Total number of other employees paid over \$100							
	Complete this table for the organization's five \$100,000 of compensation from the organization				ctors who each rec	eived	more	than
	(a) Name and address of each independent contractor	paid more than \$100,000	)	(b) T	ype of service	(c) Co	mpens	ation
N/A				.]				
			••••					
	-			+				
								<del></del>
			••••					
d	Total number of other independent contractors	each receiving over	\$100,000	▶				
	· -				•			
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including a of preparer (other than o	ccompanying s fficer) is based	chedules and s on all informati	statements, and to the beston of which preparer has	st of my any kno	knowi owledg	edge e
Sign Here	Many Holas				11/15/10	_		
	Signature of officer				Date			
	Nancy Holmes, Treasurer						-· ·	
	Type or print name and title	<del></del>	Data	Observator (	Proparoria identificana acco	mbor /C-		otions\
Paid	Preparer's signature		Date	Check if self-	Preparer's identifying nur	innet (26	e instruc	AUONS)
Prepare	er's Firm's name (or			employed ► L	<u> </u>	_		
Use On	ly yours if self-employed),				EIN ►			
Mav th	address, and ZIP + 4 Pee IRS discuss this return with the preparer showing	n above? See instri	ictions		Phone no	Yes		No
	o in to disorder that the property of them				Fo			(2009)

## **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

PTA	Ne	w Mexico Co	ngress, Mounta	in Elementary PTA					85	0	448519	
Par	t I	Reason	for Public Ch	arity Status (All org	ganizatio	ons must	t compl	ete this	part.) Se	e instruc	tions.	_
The	orga			dation because it is: (								
2	H			n 170(b)(1)(A)(ii). (Att					. 0(2)( . )(	·/(·/·		
3	Η			iospital service organ		•	ın sectio	n 170(h)	/1\/ <b>A</b> \/iii\			
4	H			tion operated in conj						170/b)/1	(Δ)(iii) Enter ti	ne
_		hospital's na	me, city, and sta	ate:				· <b></b>				
5	_	section 170	( <b>b)(1)(A)(iv).</b> (Cor	•	_	_					unit described	ın
6			_	ernment or governme								
7	Ø			receives a substantia		its suppo	rt from a	governm	nental uni	t or from t	the general pub	lic
8	$\Box$			I in section 170(b)(1)		complete	Part II \					
9	$\exists$			receives: (1) more that				m contrib	iutions m	embersh	n fees, and aro	22
3	ш			d to its exempt funct								
		support from	aross investme	ent income and unre	lated bus	siness tax	kable inc	ome (les	s section	511 tax)	from business	ses
				after June 30, 1975.								
10	$\Box$	•	•	nd operated exclusive						(a)(4)		
11	H			nd operated exclusive							r to carry out t	the
• •	ш	purposes of	one or more put	olicly supported organ	nizations	described	d in secti	on 509(a)	(1) or sec	ction 509(	a)(2). See <b>sect</b> i	on
				t describes the type								
		a 🗌 Type		•		e III–Fund					Type III-Othe	r
6				ify that the organizat							• •	
·	_			n managers and other								
		•	section 509(a)(2)	_			,		•			
f				a written determinati	on from	the IRS 1	that it is	а Туре	l, Type II	, or Type	III supporting	
			, check this box									
g		Since Augus	t 17, 2006, has	the organization acce	epted any	gift or c	ontributi	on from a	any of the	)		
		following per										_
				r indirectly controls, entire support				th persor	ns descril	oed in (ii)	11g(i)	<u> </u>
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(ii)	
				of a person described							11g(iii)	_
<u>h</u>		Provide the	following inform	ation about the suppo	orted org	anization(	(s)					
(i)		e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) Amount of	
	org	ganization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		tion in col zed in the	support	
				(see instructions))	0			port <sup>o</sup>		S?		
					Yes	No	Yes	No	Yes	No_		
					-							
									-			—
		<del></del>										_

Total

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 Gifts, grants, contributions, and membership fees received. (Do not 4222 3877 4240 3886 7322 23547 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf . . . . . . . . . The value of services or facilities furnished by a governmental unit to the 0 0 0 0 0 0 organization without charge 3877 7322 4222 4240 3886 23547 Total. Add lines 1 through 3 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 0 shown on line 11, column (f) 23547 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 4240 4222 3877 3886 7322 23547 7 Amounts from line 4 . . . . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 341 326 52 27 788 42 Net income from unrelated business activities, whether or not the business is 0 0 0 0 0 0 regularly carried on . . . . 10 Other income Do not include gain or loss from the sale of capital assets 0 0 0 0 0 0 (Explain in Part IV.) . . . . . . 24335 11 **Total support.** Add lines 7 through 10 . 508833 12 12 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 97 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 14 15 90 % Public support percentage from 2008 Schedule A, Part II, line 14 15 . . . . 16a 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box b 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 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 . . . . . . . . . . . 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 . . . . . . . . . . . .

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

 Schar	lule A (Form 990 or 990-EZ) 2009						Page <b>3</b>
	t III Support Schedule for Organ				1)(2)		rage O
<u> </u>	(Complete only if you checke	d the box of	n line 9 of Pa	irt I.)			
	tion A. Public Support lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
00	ieridai year (or iisoar year beginning iii)	(4) 2003	(6) 2000	(0) 2007	(d) 2000	(e) 2003	(1) 10.0.1
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						N/A
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						_
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	<del></del>					
5	The value of services or facilities furnished by a governmental unit to the organization without charge					·	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						<u> </u>
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2005	(D) 2006	(6) 2007	(4) 2008	(e) 2009	(i) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						501(3/2)
14	First five years. If the Form 990 is for organization, check this box and stop	here		nd, third, fourt			
	tion C. Computation of Public Su			10	(6)	45	
15 16 Soc	Public support percentage for 2009 (lin Public support percentage from 2008 stion D. Computation of Investmen	Schedule A, P	art III, line 15			16	<u>%</u>
				d by line 40	alumas (A)	17	%
17 18	Investment income percentage for 2009  Investment income percentage from 2009	•	• • •	•	• • • •	18	%

19a 331/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line

17 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐ **b** 33½% support tests – 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

Part IV	Supplemental in	formation	Complete this	nart to provide the	e explanations required	Page 4
I all till	Part II. line 17a o	r 17b and	Part III line 12.	Provide any other	additional information.	See instructions.
			. a			
N/A						
	·					
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	· <b></b>					· · · · · · · · · · · · · · · · · · ·
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## FEDERAL STATEMENTS PTA NEW MEXICO CONGRESS MOUNTAIN ELEMENTARY SCHOOL

PAGE 1/1 85-0448519

10/15/10

FORM 990EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS	PAID				
Grants and Similar	class	paid to:			
Mad Money	Classroom Materials	Teachers		\$	6,280.72
Field Trips Expense	Field Trips	School District		\$	2,858.53
Tutoring	Homework Club	Teachers		\$	6,857 61
Embracing Fatherhood Committee	Fatherhood breakfast	Committee		\$	1,152 65
Families in Need	Needy Family Aid	Families		\$	1,935.36
Sunshine Committee	Teacher appreciation	Teachers		\$	1,229 62
Science Fair	Participation awards	Committee		\$	248.97
Sixth Grade Recognition	Graduation ceremony	Committee		\$	294.05
Seneral Grants	Lockdown kits	School		\$ \$ \$	1,500.00
General Grants	School Ink Supplies	School			3,334.80
Accucut	Accucut Supplies	School		\$ \$ \$ \$	280 00
Math Grant	Math Supplies	Teachers		\$	280.89
Grants	Kinder Supplies	Teachers		\$	933 60
Ith Grade "Science Studies Weekly"	Magazıne	Teachers			356 79
27 microscopes for upper grades	Science Supplies	School		\$	4,999.86
Battle of the Books book club	Books	School		\$	238 72
1st Grade to Puye Cliffs	admission	Student		\$ \$ \$ \$	505.25
Brd Grade	admission	Student		\$	125 00
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