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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

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

OMB No 1545-0047  
**2009**  
**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**Please use IRS label or print or type. See Specific Instructions.**

**C Name of organization**  
 Hockaday School  
 Doing Business As  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
 11600 Welch Road  
 City or town, state or country, and ZIP + 4  
 Dallas, TX 75229

**D Employer identification number**  
 75-0800650  
**E Telephone number**  
 (214) 363-6311  
**G Gross receipts \$** 31,650,946

**F Name and address of principal officer**  
 MARY PAT HIGGINS  
 11600 WELCH ROAD  
 DALLAS, TX 75229

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number

**I Tax-exempt status**  501(c) ( 3 ) (insert no )  4947(a)(1) or  527

**J Website:** WWW.HOCKADAY.ORG

**K Form of organization**  Corporation  Trust  Association  Other **L Year of formation** 1913 **M State of legal domicile** TX

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
 The Hockaday School, founded in 1913, provides a college preparatory education for girls of strong potential and diverse backgrounds who may be expected to assume positions of responsibility and leadership

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	55
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	54
<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	504
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	950
<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-572
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-572

		Prior Year	Current Year
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	2,348,117	2,892,394
	<b>9</b> Program service revenue (Part VIII, line 2g)	24,126,032	25,885,108
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,410,436	1,074,186
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,817	224,024
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,931,402	30,075,712
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,477,750	2,643,350
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	20,362,839	21,492,585
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	35,524	47,892
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>1,430,925</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	11,533,167	11,579,294
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	34,409,280	35,763,121	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-6,477,878	-5,687,409	

		Beginning of Current Year	End of Year
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	147,870,139	156,363,270
	<b>21</b> Total liabilities (Part X, line 26)	38,391,277	41,044,643
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	109,478,862	115,318,627

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Date: 2011-04-18  
 Mary Pat Higgins Chief Financial Officer  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature: Kimberly Schrant Date: \_\_\_\_\_ Check if self-employed   
 Preparer's identifying number (see instructions)  
 Firm's name (or yours if self-employed), address, and ZIP + 4: Grant Thornton LLP, 1717 Main Street Suite 1500, Dallas, TX 75201  
 EIN: \_\_\_\_\_ Phone no: (214) 561-2300

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission

THE HOCKADAY SCHOOL, FOUNDED IN 1913, PROVIDES A COLLEGE PREPARATORY EDUCATION FOR GIRLS OF STRONG POTENTIAL AND DIVERSE BACKGROUNDS WHO MAY BE EXPECTED TO ASSUME POSITIONS OF RESPONSIBILITY AND LEADERSHIP IN A RAPIDLY CHANGING WORLD THROUGH SMALL CLASSES, CREATIVE TEACHING, AND AN APPROACH WHICH EMPHASIZES THE PROCESS OF LEARNING, HOCKADAY SEEKS TO DISCOVER UNIQUE APTITUDES AND AWAKEN THE INTELLECTUAL CURIOSITY OF EVERY GIRL THROUGH A STRONG PHYSICAL EDUCATION PROGRAM AND THE CHALLENGE OF COMPETITIVE SPORT, HOCKADAY SEEKS TO DEVELOP IN EACH GIRL AN ENTHUSIASTIC SPIRIT, A HEALTHY BODY, AND A SENSE OF RESPONSIBILITY FOR HERSELF AND HER ACTIONS THROUGH A CONTINUAL EXPOSURE TO THE ARTS, HOCKADAY SEEKS TO ENGENDER AN APPRECIATION OF BEAUTY AND JOY IN SELF-EXPRESSION THAT WILL BRING ADDED ENRICHMENT TO EACH GIRL'S LIFE THROUGH CONSTANT EMPHASIS ON MORAL AND ETHICAL VALUES, HOCKADAY SEEKS TO NURTURE A COURTEOUS ATTITUDE, A SENSE OF GRACE, RESPECT FOR THE IDEALS OF HUMAN WORTH AND DIGNITY

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 29,213,215 including grants of \$ 2,643,350 ) (Revenue \$ 25,885,108 )

The school provided a college preparatory education for lower, middle, and upper school girls with strong potential who may be expected to assume positions of responsibility and leadership in later years There were 1,008 day students and 75 residence students for the 2009-2010 academic year In addition, the School provided educational programs in the summer and for children of faculty/staff

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses \$ 29,213,215

Part IV Checklist of Required Schedules

Table with 3 main columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 20 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules** *(continued)*

<p><b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .</p>	<p><b>21</b></p>	<p></p>	<p>No</p>
<p><b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .</p>	<p><b>22</b></p>	<p>Yes</p>	<p></p>
<p><b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .</p>	<p><b>23</b></p>	<p>Yes</p>	<p></p>
<p><b>24a</b> 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .</p>	<p><b>24a</b></p>	<p>Yes</p>	<p></p>
<p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .</p>	<p><b>24b</b></p>	<p></p>	<p>No</p>
<p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .</p>	<p><b>24c</b></p>	<p></p>	<p>No</p>
<p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .</p>	<p><b>24d</b></p>	<p></p>	<p>No</p>
<p><b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .</p>	<p><b>25a</b></p>	<p></p>	<p>No</p>
<p><b>b</b> Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .</p>	<p><b>25b</b></p>	<p></p>	<p>No</p>
<p><b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .</p>	<p><b>26</b></p>	<p></p>	<p>No</p>
<p><b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .</p>	<p><b>27</b></p>	<p></p>	<p>No</p>
<p><b>28</b> Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</p>			
<p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28a</b></p>	<p>Yes</p>	
<p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28b</b></p>	<p>Yes</p>	
<p><b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28c</b></p>	<p>Yes</p>	
<p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .</p>	<p><b>29</b></p>	<p>Yes</p>	
<p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .</p>	<p><b>30</b></p>	<p></p>	<p>No</p>
<p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .</p>	<p><b>31</b></p>	<p></p>	<p>No</p>
<p><b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .</p>	<p><b>32</b></p>	<p></p>	<p>No</p>
<p><b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .</p>	<p><b>33</b></p>	<p></p>	<p>No</p>
<p><b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .</p>	<p><b>34</b></p>	<p></p>	<p>No</p>
<p><b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .</p>	<p><b>35</b></p>	<p></p>	<p>No</p>
<p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .</p>	<p><b>36</b></p>	<p></p>	<p>No</p>
<p><b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .</p>	<p><b>37</b></p>	<p></p>	<p>No</p>
<p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .</p>	<p><b>38</b></p>	<p>Yes</p>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 103		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 2		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 504		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	Yes	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	Yes	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (55); 1b Enter the number of voting members that are independent (54); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (No); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (No); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line a or b, describe the process in Schedule O (See instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (AK, AZ, FL, LA, MD, MA, NH, VA, WA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply: Own website, Another's website, Upon request (checked); 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JT COATS CONTROLLER, 11600 WELCH ROAD, DALLAS, TX 75229, (214) 363-6311.



<b>1b Total</b>	1,424,530	0	167,304
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **12**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**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) Name and business address	(B) Description of services	(C) Compensation
THE HAY AGENCY INC 7226 DESCO DRIVE DALLAS, TX 75225	PRINT & PUBLISHING	208,219
ENTRUST ONE FACILITY SERVICES INC 11880 GREENVILLE AVE SUITE 108 DALLAS, TX 75243	HOUSEKEEPING	209,659
CAMBRIDGE ASSOCIATES LLC 100 SUMMER STREET BOSTON, MA 021102212	INVEST CONSULTANTS	124,779

**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 **3**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	405,022				
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) . . . . . <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>	2,487,372				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ <u>257,726</u>					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		2,892,394			
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b>	TUITION	900,099	19,767,010	19,767,010		
	<b>b</b>	BOARDING, LUNCH	721,310	3,084,966	3,084,966		
	<b>c</b>	EXTENDED SERVICES	611,710	1,052,381	1,052,381		
	<b>d</b>	EDUCATIONAL FEES	900,099	1,529,448	1,529,448		
	<b>e</b>	OTHER	900,099	305,145	305,145		
	<b>f</b>	All other program service revenue		146,158	146,158		
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		25,885,108				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,072,441		-572	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . ▶		0			
	<b>5</b>	Royalties . . . . . ▶		0			
	<b>6a</b>	(i) Real		(ii) Personal			
		Gross Rents	59,783				
		Less rental expenses	18,527				
		Rental income or (loss)	41,256				
	<b>d</b>	Net rental income or (loss) . . . . . ▶		41,256		41,256	
	<b>7a</b>	(i) Securities		(ii) Other			
		Gross amount from sales of assets other than inventory			1,745		
		Less cost or other basis and sales expenses					
		Gain or (loss)			1,745		
	<b>d</b>	Net gain or (loss) . . . . . ▶		1,745		1,745	
<b>8a</b>	Gross income from fundraising events (not including \$ <u>405,022</u> of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>						
	Less direct expenses . . . . . <b>b</b>	495,318					
	Net income or (loss) from fundraising events . . . . . ▶	549,361					
<b>c</b>			-54,043		-54,043		
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
	Less direct expenses . . . . . <b>b</b>	25,301					
	Net income or (loss) from gaming activities . . . . . ▶	100					
<b>c</b>			25,201		25,201		
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
	Less cost of goods sold . . . . . <b>b</b>	1,175,087					
	Net income or (loss) from sales of inventory . . . . . ▶	1,007,246					
<b>c</b>			167,841		167,841		
Miscellaneous Revenue		Business Code					
<b>11a</b>	FUN DAY		900,099	40,832		40,832	
	BAD DEBT RECOVERY		900,099	2,937		2,937	
	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		43,769				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		30,075,712	25,885,108	-572	1,298,782	

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22	2,633,350	2,633,350		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	10,000	10,000		
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	782,971		782,971	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages	17,016,823	14,769,848	1,582,258	664,717
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,123,690	940,909	138,736	44,045
<b>9</b>	Other employee benefits . . . . .	1,403,232	1,154,760	183,699	64,773
<b>10</b>	Payroll taxes . . . . .	1,165,869	992,500	127,523	45,846
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0			
<b>b</b>	Legal . . . . .	50,386		50,386	
<b>c</b>	Accounting . . . . .	61,432		61,432	
<b>d</b>	Lobbying . . . . .	0			
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .	47,892			47,892
<b>f</b>	Investment management fees . . . . .	0			
<b>g</b>	Other . . . . .	91,454	41,016	48,025	2,413
<b>12</b>	Advertising and promotion . . . . .	398,784		318,308	80,476
<b>13</b>	Office expenses . . . . .	1,060,991	1,014,990	35,589	10,412
<b>14</b>	Information technology . . . . .	219,151	169,277	49,481	393
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	913,412	776,400	126,529	10,483
<b>17</b>	Travel . . . . .	77,179		66,349	10,830
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	264,350	129,612	116,557	18,181
<b>20</b>	Interest . . . . .	972,780	826,863	97,278	48,639
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	3,392,156	2,883,332	339,216	169,608
<b>23</b>	Insurance . . . . .	382,465		382,465	
<b>24</b>	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b>	MAINTENANCE & GROUNDS	838,083	712,371	83,808	41,904
<b>b</b>	STUDENT SERVICES/INSTRUCTIONAL	210,898	185,646	25,252	
<b>c</b>	EVENT EXPENSES	207,034	42,355	34,989	129,690
<b>d</b>	ACCRETION	11,920	10,132	1,192	596
<b>e</b>	AMORTIZATION	-9,086	-7,723	-909	-454
<b>f</b>	All other expenses	2,435,905	1,927,577	467,847	40,481
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	35,763,121	29,213,215	5,118,981	1,430,925
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	2,100	<b>1</b>	2,100
	<b>2</b> Savings and temporary cash investments . . . . .	17,424,293	<b>2</b>	18,330,593
	<b>3</b> Pledges and grants receivable, net . . . . .	2,173,528	<b>3</b>	1,441,131
	<b>4</b> Accounts receivable, net . . . . .	304,592	<b>4</b>	234,083
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	436,203	<b>8</b>	512,818
	<b>9</b> Prepaid expenses and deferred charges . . . . .	480,991	<b>9</b>	453,017
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	78,458,807		
	<b>b</b> Less accumulated depreciation . . . . .	46,229,469	<b>10c</b>	32,229,338
	<b>11</b> Investments—publicly traded securities . . . . .	31,507,574	<b>11</b>	32,604,829
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	60,665,246	<b>12</b>	70,519,881
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	27,123	<b>15</b>	35,480
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	147,870,139	<b>16</b>	156,363,270	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	7,144,688	<b>17</b>	8,275,558
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	12,633,397	<b>19</b>	14,534,265
	<b>20</b> Tax-exempt bond liabilities . . . . .	18,345,000	<b>20</b>	17,895,000
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	268,192	<b>25</b>	339,820
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	38,391,277	<b>26</b>	41,044,643
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	31,070,865	<b>27</b>	31,001,208
	<b>28</b> Temporarily restricted net assets . . . . .	40,197,047	<b>28</b>	45,721,991
	<b>29</b> Permanently restricted net assets . . . . .	38,210,950	<b>29</b>	38,595,428
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	109,478,862	<b>33</b>	115,318,627	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	147,870,139	<b>34</b>	156,363,270	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>2c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>2d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Hockaday School

Employer identification number

75-0800650

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
  
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public Support.</b> 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
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						

**12** Gross receipts from related activities, etc (See instructions ) 12

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

**14** Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

**15** Public Support Percentage for 2008 Schedule A, Part II, line 14 15

**16a 33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

**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

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

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

(Complete only if you checked the box on line 9 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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						

**14 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

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**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization Hockaday School

Employer identification number 75-0800650

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .	91,958,431	114,221,950			
<b>b</b> Contributions . . . . .	1,448,672	1,790,593			
<b>c</b> Investment earnings or losses . . . . .	12,907,515	-17,987,292			
<b>d</b> Grants or scholarships . . . . .	1,283,526	1,319,820			
<b>e</b> Other expenditures for facilities and programs . . . . .	4,461,534	4,534,089			
<b>f</b> Administrative expenses . . . . .	416,625	212,911			
<b>g</b> End of year balance . . . . .	100,152,933	91,958,431			

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 17 560 % %
- b** Permanent endowment ▶ 38 480 % %
- c** Term endowment ▶ 43 960 % %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	0	409,575		409,575
<b>b</b> Buildings . . . . .		57,413,570	29,105,836	28,307,734
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .	0	3,750,550	3,274,561	475,990
<b>e</b> Other . . . . .		16,885,112	13,849,072	3,036,040
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				32,229,339



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b>		
<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b> 30,075,712
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b> 35,763,121
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b> -5,687,409
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b> 11,527,174
<b>5</b>	Donated services and use of facilities	<b>5</b>
<b>6</b>	Investment expenses	<b>6</b>
<b>7</b>	Prior period adjustments	<b>7</b>
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b> 11,527,174
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b> 5,839,765

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b> 40,358,827
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b> 11,527,174
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b> 128,005
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b> 11,655,179
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b> 28,703,648
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b> 16,764
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b> 1,355,300
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b> 1,372,064
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b> 30,075,712

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b> 34,519,062
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25	
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>
<b>c</b>	Other losses . . . . .	<b>2c</b>
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b> 1,266,148
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b> 1,266,148
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b> 33,252,914
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b> 16,764
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b> 2,493,443
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b> 2,510,207
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b> 35,763,121

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Collections of Art	Schedule D, Part III, Question 4	Over a period of time, the School has received contributions of works of art and furnishings to be exhibited in various locations on the campus These items have been capitalized as collections The collections are recorded at appraised value when donated The School undertakes to care for, protect, and preserve such contributed works of art and furnishings and the Board has adopted a policy to use proceeds of deaccession or insurance recoveries for the sole purpose of acquisition of other such works of art and furnishings Collection items are inspected periodically and cleaned and repaired as required
Endowment Funds	Schedule D, Part V, Line 4	The School manages the endowment fund to preserve the real purchasing power for the fund while providing a predictable, stable, and constant stream of earnings consistent with the School's spending needs The current spending policy of the fund allows a maximum annual draw of 5% of a three year moving average of the market value of the total assets During capital campaigns, an additional endowment draw will be allowed to pay campaign expenses The endowment fund supports the general operations of the school including faculty salaries, faculty/staff professional development, student financial aid, library services, and student programs
FIN 48	Schedule D, Part X, Line 2	The school is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code (IRC) of 1986, as amended, as an organization described in Section 501(c)(3) of the IRC, as evidenced by the School's confirmation letter dated August 26, 1971 The School has been classified as an organization that is not a private foundation under IRC Section 509(a)(1), and as such, contributions to the School qualify for deduction as charitable contributions However, income generated from activities unrelated to the School's exempt purpose is subject to tax under IRC Section 511 The School did not have any material unrelated business income tax liability or expense for the years ended June 30, 2010 and 2009 The School has concluded that it does not have any unrecognized tax benefits resulting from current or prior period tax positions Accordingly, no additional disclosures have been made on the financial statements regarding uncertain tax positions The School does not have any outstanding interest or penalties, and none have been recorded in the statement of activities for the year ended June 30, 2010 or 2009
Reconciliation of Revenue Line 2d	Schedule D, Part XII Question 2d	Change in Split Interest Agreement (21,902) Discounted services 149,907 TOTAL 128,005
Reconciliation of Revenue Line 4b	Schedule D, Part XII Question 4b	Rental Activities (18,527) Special Events Expenses (549,361) Gaming Activities (100) COGS (1,007,246) Grant Expenses 2,643,350 Childcare Income 287,184 TOTAL 1,355,300
Reconciliation of Expenses Line 4b	Schedule D, Part XIII Question 4b	Grant Expenses 2,643,350 Discounted services (149,907) TOTAL 2,493,443
Reconciliation of Expenses Line 2d	Schedule D, Part XIII Question 2d	Rental Activities (18,527) Special Events Expenses (549,361) Gaming Activities (100) COGS (1,007,246) Change in Split Interest Agreement 21,902 Childcare Income 287,184 TOTAL (1,266,148)

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

**Schools**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Hockaday School

**Employer identification number**

75-0800650

		YES	NO
<b>1</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
<b>2</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
<b>3</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. THE SCHOOL PUBLISHES ITS RACIALLY NONDISCRIMINATORY POLICY IN THE EDUCATION ISSUE OF THE DALLAS MORNING NEWS AT LEAST TWICE ANNUALLY. In ADDITION, THE POLICY IS PRINTED ON ALL ADMISSION MATERIALS	Yes	
<b>4</b>	Does the organization maintain the following?		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?	Yes	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	Yes	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	Yes	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990)	Yes	
<b>5</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		No
<b>b</b>	Admissions policies?		No
<b>c</b>	Employment of faculty or administrative staff?		No
<b>d</b>	Scholarships or other financial assistance?		No
<b>e</b>	Educational policies?		No
<b>f</b>	Use of facilities?		No
<b>g</b>	Athletic programs?		No
<b>h</b>	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990)		No
<b>6a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		No
<b>6b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)		No
<b>7</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	Yes	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization Hockaday School

Employer identification number 75-0800650

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance...
2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region, (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region.







SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization Hockaday School

Employer identification number 75-0800650

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Row 1: RuffaloCODY LLC, Telemarket, No, 38,939, 13,538. Total: 38,939, 13,538.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

A K, A Z, FL, LA, MD, MA, NH, TX, VA, WA

**Part III Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>Benefit Revenue</u> (event type)	<u>Benefit Revenue</u> (event type)	<u>0</u> (total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	900,340			900,340
	<b>2</b> Less Charitable contributions . . . . .	405,022			405,022
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	495,318			495,318
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	549,361			549,361
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				549,361
<b>11</b> Net income summary Combine lines 3, column d, and line 10. . . . . ▶				-54,043	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .			25,301	25,301
	<b>2</b> Cash prizes . . . . .				
<b>Direct Expenses</b>	<b>3</b> Non-cash prizes . . . . .			100	100
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <u>100 000</u> % <input type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					100
<b>8</b> Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶					25,201

<b>9</b> Enter the state(s) in which the organization operates gaming activities <u>TX</u>		<b>Yes</b>	<b>No</b>
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	Yes	
<b>b</b> If "No," Explain <u>Hockaday is a qualified nonprofit organization allowed to conduct one raffle per calendar year</u>			
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>		No
<b>b</b> If "Yes," Explain _____			
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	Yes	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>		No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility . . . . .	<b>13a</b>	100.000 %
<b>b</b> An outside facility . . . . .	<b>13b</b>	0 %

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ JT COATS

Address ▶ 11600 WELCH ROAD  
DALLAS, TX 75229

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .

**15a** Yes No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ JT COATS

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ PREPARES W-2-G FORMS, SUPERVISES DEPOSITS & AWARDS

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .

**17a** Yes No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP TO STUDENTS	183	2,633,350			
See Additional Data Table					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Grants	SCHEDULE I, PART 1, QUESTION 2	Financial assistance is awarded based on financial need. Applicants provide income information. A methodology is applied to determine need. The Financial Aid Committee (comprised of School management) allocates the financial aid resources based on need. Scholarships were given to students as a reduction in their tuition, lunch fees, and/or activity fees. No cash was distributed and the aid was awarded objectively, in a non-discriminatory manner in accordance with the statement in Schedule A, based on demonstrated financial need.

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**

**▶ Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Hockaday School

**Employer identification number**  
75-0800650

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input checked="" type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</p>	Yes									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>		No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes									
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>		No								
<p><b>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>										
<p><b>a</b> The organization?</p>		No								
<p><b>b</b> Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p>		No								
<p><b>6</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>										
<p><b>a</b> The organization?</p>		No								
<p><b>b</b> Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p>		No								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		No								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</p>		No								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</p>										

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Jeanne P Whitman	(i)	449,432	90,000		50,000	22,692	612,124	0
	(ii)	0	0	0	0	0	0	0
Mary Pat Higgins	(i)	198,312	55,000		0	19,733	273,045	0
	(ii)	0	0	0	0	0	0	0
Susan Swan Smith	(i)	151,085	0		0	16,405	167,490	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, LINE 4B	JEANNE P. WHITMAN, HEAD OF SCHOOL, PARTICIPATES IN A 457(b) AND 457(f) PLAN. HER PARTICIPATION IN THE 457(f) PLAN AMOUNTS TO \$34,000. THE SCHOOL HAS A WRITTEN DEFERRED COMPENSATION AGREEMENT THAT ENDS JUNE 2010.

**Schedule K  
(Form 990)**

OMB No 1545-0047

**Supplemental Information on Tax Exempt Bonds**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**

▶ **Attach to Form 990. ▶ See separate instructions.**

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Hockaday School

Employer identification number

75-0800650

**Part I Bond Issues**

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
<b>A</b> Red River Education Finance Corporation	75-2791247	756872DT1	09-22-2005	18,344,577	Adv Rfd of Ed Rev Bnd Iss 11/14/00		X		X

**Part II Proceeds**

		A	B	C	D	E			
<b>1</b>	Total proceeds of issue	18,344,577							
<b>2</b>	Gross proceeds in reserve funds								
<b>3</b>	Proceeds in refunding or defeasance escrows								
<b>4</b>	Other unspent proceeds								
<b>5</b>	Issuance costs from proceeds	221,867							
<b>6</b>	Working capital expenditures from proceeds								
<b>7</b>	Capital expenditures from proceeds	18,122,710							
<b>8</b>	Year of substantial completion	2002							
		Yes	No	Yes	No	Yes	No	Yes	No
<b>9</b>	Were the bonds issued as part of a current refunding issue?		X						
<b>10</b>	Were the bonds issued as part of an advance refunding issue?	X							
<b>11</b>	Has the final allocation of proceeds been made?	X							
<b>12</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

**Part III Private Business Use**

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
<b>2</b>	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
<b>3b</b> Are there any research agreements with respect to the financed property which may result in private business use?		X								
<b>3c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government										
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government										
<b>6</b> Total of lines 4 and 5										
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?										
<b>2</b> Is the bond issue a variable rate issue?		X								
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
<b>b</b> Name of provider										
<b>c</b> Term of hedge										
<b>4a</b> Were gross proceeds invested in a GIC?		X								
<b>b</b> Name of provider										
<b>c</b> Term of GIC										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
<b>5</b> Were any gross proceeds invested beyond an available temporary period?		X								
<b>6</b> Did the bond issue qualify for an exception to rebate?		X								

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization Hockaday School

Employer identification number 75-0800650

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization (To/From), (c) Original principal amount, (d) Balance due, (e) In default? (Yes/No), (f) Approved by board or committee? (Yes/No), (g) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues? (Yes/No)

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization Hockaday School

Employer identification number 75-0800650

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art, Books, Clothing, Cars, Boats, Intellectual property, Securities, Real estate, Collectibles, Food inventory, Drugs, Taxidermy, Historical artifacts, Scientific specimens, Archeological artifacts, and Other (VACATION, CONCERT & SPORTING EVENT, GIFT).

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Table with 3 columns: Question, Yes, No. Rows include 30a (During the year, did the organization receive by contribution any property...), 31 (Does the organization have a gift acceptance policy...), 32a (Does the organization hire or use third parties...), and 33 (If the organization did not report revenues...).

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 75-0800650  
**Name:** Hockaday School

**efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493106005021**

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**  
**▶ Attach to Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

<b>Name of the organization</b> Hockaday School	<b>Employer identification number</b> 75-0800650
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Identifier	Return Reference	Explanation
Relationships	PART VI, SECTION A, QUESTION 2	Jim Bass & Rita Clements - Family relationship Lucy Billingsley & Margaret Crow - Family relationship Kathryn Francis & Kathryn Priddy - Family relationship Kathy Gudmundsson & Peter Gudmundsson - Family relationship Katherine Roberts & Ellen Rogers - Family relationship

Identifier	Return Reference	Explanation
990 Provided to Governing Body	PART VI, SECTION B, QUESTION 11A	The Form 990 is prepared by the management of the School with the assistance of Grant Thornton LLP, our independent tax advisors. The Form 990 is presented to the Audit & Ethics Committee, consisting of six voting members, including two financial experts and two Investment Committee members. The Audit & Ethics Committee then reviews the draft Form 990 with management of the school and Grant Thornton LLP. Once the draft is finalized for filing, the entire Board is notified of its availability for their review. The Form 990, is made available to the entire Board for review in the office of the Chief Financial Officer and the Headmistress.

Identifier	Return Reference	Explanation
Conflict of Interest	PART VI, SECTION B, QUESTION 12C	The conflict of interest policy and questionnaire are distributed to the Board of Trustees at the May (final) board meeting. The conflict of interest policy and questionnaires are distributed to key employees during the same time frame (as they do not all attend the Board meeting). The questionnaires are returned to the office of the CFO and are reviewed for conflicts. In addition, the Controller and CFO review the forms and discuss other potential conflicts. A summary of conflicts is prepared for disclosure on the 990 and is reviewed by the Audit and Ethics Committee.

Identifier	Return Reference	Explanation
Compensation	PART VI, SECTION B, QUESTION 15	The Compensation Committee sets the compensation for the Head of School. The Compensation Committee is comprised of the Chairperson of the Board, the Chair of the Finance and Administration Committee, and the Chair of the Board Governance and Leadership Committee. The Compensation Committee is deemed independent as it is comprised of individuals unrelated to and not subject to the control of the Head of School. In preparation for this decision, a compensation comparison is prepared using data from the National Association of Independent Schools (NAIS). Data is pulled and analyzed for a set of predetermined peer schools and benchmark schools. The Strategic Planning Committee sets the list of benchmark schools as they are used for comparison for various items across the School. The Compensation Committee then uses this information to negotiate the contract for the Head of School. The Head of School sets the salaries of the Leadership Team (including the key employees as well as various other leadership positions). The Head uses similar comparable data from NAIS to determine salary levels. The Compensation Committee approves the salaries set by the Head of School. In addition, the compensation agreement between the Head of School and the Compensation Committee is documented in meeting minutes which are retained as part of the year's Board meeting minutes.

Identifier	Return Reference	Explanation
Documents Available to Public	Part VI, Section C, Question 19	The organization's governing documents, conflict of interest policy, and financial statements are available upon request.

Identifier	Return Reference	Explanation
Bonds	SCHEDULE K, Pt. II, Line 7 AND 8	The amount and date shown pertains to capital expenditures from the education revenue bond issues November 14, 2000.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 75-0800650  
**Name:** Hockaday School

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ruth Altshuler Life Trustee	4 0	X						0	0	0
James Bass Chair, Executive Committee	6 0	X		X				0	0	0
Lucy Crow Billingsley Trustee	4 0	X						0	0	0
Rita Crocker Clements Life Trustee	4 0	X						0	0	0
Margaret Doggett Crow Life Trustee	4 0	X						0	0	0
Linda Custard Life Trustee	4 0	X						0	0	0
Peggy Simmons Dear Trustee	4 0	X						0	0	0
Leslie Melnick Diers Trustee	4 0	X						0	0	0
Talley Dunn Trustee, Chair of Finance	6 0	X		X				0	0	0
R Steve Folsom Chair, Audit and Ethics	6 0	X		X				0	0	0
Danny Gow Trustee	4 0	X						0	0	0
David A Gravelle Trustee	4 0	X						0	0	0
Peter Gudmundsson Secretary	6 0	X		X				0	0	0
Marguerite Steed Hoffman Trustee	4 0	X						0	0	0
Dr Vinay Jain Trustee	4 0	X						0	0	0
Robert Kaminski Chair	15 0	X		X				0	0	0
Margaret McDermott Life Trustee	4 0	X						0	0	0
Kathryn King Marley Trustee	4 0	X						0	0	0
Maryann Sarris Mihalopoulos Vice-Chair	6 0	X		X				0	0	0
Paula Mosle Life Trustee	4 0	X						0	0	0
Charles Nearburg Trustee	4 0	X						0	0	0
Edith Jones O'Donnell Life Trustee	4 0	X						0	0	0
John Penson Life Trustee	4 0	X						0	0	0
Margot Perot Life Trustee	4 0	X						0	0	0
Jeanne L Phillips Trustee	4 0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
Kathleen Hoak Power Trustee	4 0	X							0	0	0
Kathryn Priddy Life Trustee	4 0	X							0	0	0
Katherine Rogers Roberts Trustee	4 0	X							0	0	0
Ellen Higginbotham Rogers Life Trustee	4 0	X							0	0	0
Richard Rogoff Life Trustee	4 0	X							0	0	0
Lizzie Horchow Routman Trustee	4 0	X							0	0	0
Cary-Elisa Briggie Rubarts Trustee	4 0	X							0	0	0
Tiffany Borlaug Rubi Trustee	4 0	X							0	0	0
Nicole Ginsburg Small Chair, Development	4 0	X		X					0	0	0
Rebecca E Szalc Chair, Long Range & Strat Plan	6 0	X		X					0	0	0
Michelle Neuhoff Thomas Chair, Board Gov & Leadership	6 0	X		X					0	0	0
Dorothy Taliaferro Weil Trustee	4 0	X							0	0	0
Staci Williams Chair, Ed & Student Life	4 0	X		X					0	0	0
Mary Frances Cunningham Yancey Life Trustee	4 0	X							0	0	0
Barney Young Life Trustee	4 0	X							0	0	0
Dr Angela Ards Trustee	4 0	X							0	0	0
Robert Dedman Jr Trustee	4 0	X							0	0	0
Kathy Gudmundsson Trustee	4 0	X							0	0	0
David Haemisegger Trustee	4 0	X							0	0	0
Frances Jeter Trustee	4 0	X							0	0	0
Joyce Lacerte Trustee	4 0	X							0	0	0
Natalie Lee Trustee	4 0	X							0	0	0
Ann Whitley Wood Trustee	4 0	X							0	0	0
Sharon Youngblood Trustee	4 0	X							0	0	0
Jamiel Akhtar Trustee	4 0	X							0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Amy Gow Trustee	4 0	X						0	0	0
Cinda Cree Hicks Trustee	4 0	X						0	0	0
Kathryn Walker Francis Trustee	4 0	X						0	0	0
Randal Rauscher Rhodus Trustee	4 0	X						0	0	0
Barbara Glazer Rosenblatt Trustee	4 0	X						0	0	0
Jeanne P Whitman Head of School	50 0			X				539,432	0	72,692
Mary Pat Higgins CFO & Assistant Head	50 0			X				253,312	0	19,733
Susan Swan Smith Director of Dev & Ext Affairs	50 0					X		151,085	0	16,405
Ed Long Chair of FA & Dean of US	50 0					X		119,848	0	14,453
Linda Kramer Head of Middle School	50 0					X		116,174	0	14,328
Cathy Murphree Asst Head of Academic Affairs	50 0					X		132,381	0	15,026
Jen Liggitt Director of Admissions	50 0					X		112,298	0	14,667

**Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -**

	<b>Business Code</b>	<b>(A) Total Revenue</b>	<b>(B) Related or Exempt Function Revenue</b>	<b>(C) Unrelated Business Revenue</b>	<b>(D) Revenue Excluded from Tax under IRC 512, 513, or 514</b>
TUITION	900,099	19,767,010	19,767,010		
BOARDING, LUNCH	721,310	3,084,966	3,084,966		
EXTENDED SERVICES	611,710	1,052,381	1,052,381		
EDUCATIONAL FEES	900,099	1,529,448	1,529,448		
OTHER	900,099	305,145	305,145		

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MAINTENANCE & GROUNDS	838,083	712,371	83,808	41,904
STUDENT SERVICES/INSTRUCTIONAL	210,898	185,646	25,252	
EVENT EXPENSES	207,034	42,355	34,989	129,690
ACCRETION	11,920	10,132	1,192	596
AMORTIZATION	-9,086	-7,723	-909	-454