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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
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

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

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 \$ 71,365,079

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) 501(c) () (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

Activities & Governance	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	54
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	53
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	532
	6 Total number of volunteers (estimate if necessary)	6	950
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	14,754
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,892,394	27,579,141
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,885,108	26,804,035
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,074,186	15,181,381
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,075,712	69,789,051
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,643,350	2,926,690
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,492,585	21,549,526
	16a Professional fundraising fees (Part IX, column (A), line 11e)	47,892	147,316
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,514,245		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	11,579,294	12,028,306
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	35,763,121	36,651,838	
19 Revenue less expenses Subtract line 18 from line 12	-5,687,409	33,137,213	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	156,363,270	200,661,383
	22 Net assets or fund balances Subtract line 21 from line 20	41,044,643	37,512,004
		115,318,627	163,149,379

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: 2012-04-26

Mary Pat Higgins Chief Financial Officer
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Kimberly Schrant
 Preparer's signature: Kimberly Schrant
 Date: _____
 Check if self-employed PTIN: _____

Firm's name: Grant Thornton LLP
 Firm's EIN: _____

Firm's address: 1717 Main Street Suite 1500
 Dallas, TX 75201
 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

Check if Schedule O contains a response to any question in this Part III Yes No

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 \$ 29,267,225 including grants of \$ 2,926,690) (Revenue \$ 26,804,035)

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 1,002 day students and 85 residence students for the 2010-2011 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 \$ 29,267,225

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	Yes	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	Yes	
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

21	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> 	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	22	Yes	
23	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> 	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> 	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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>	25b		No
26	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>	26		No
27	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>	27		No
28	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 	31		No
32	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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	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>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	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)?	Yes	
4b	If "Yes," enter the name of the foreign country BD, CJ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	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
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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.
 Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 54		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 53		
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 governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant 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
b	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		
a	The governing body?	Yes	
b	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.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	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?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, 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
b	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

- 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
- 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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,688,898	0	150,665	

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 **▶**16

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 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	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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	275,874
ENTRUST ONE FACILITY SERVICES INC 11880 GREENVILLE AVE SUITE 108 DALLAS, TX 75243	HOUSEKEEPING	211,257
CAMBRIDGE ASSOCIATES LLC 100 SUMMER STREET BOSTON, MA 021102212	INVEST CONSULTANTS	131,455
Andres Construction Services LLC 3838 Oaklawn Ave 1414 DALLAS, TX 75219	Construction	1,876,039
Good Fulton and Farrell - Architect 2808 Fairmont Suite 300 DALLAS, TX 75201	Architects	323,048

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 **▶**7

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
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c	371,952			
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	27,207,189			
	g Noncash contributions included in lines 1a-1f \$	398,009			
	h Total. Add lines 1a-1f	27,579,141			
Program Service Revenue	2a TUITION	611110	20,491,185	20,491,185	
	b BOARDING, LUNCH	721310	3,361,552	3,361,552	
	c EXTENDED SERVICES	611710	923,486	923,486	
	d EDUCATIONAL FEES	611110	1,552,658	1,552,658	
	e OTHER	611110	341,286	341,286	
	f All other program service revenue		133,868	133,868	
	g Total. Add lines 2a-2f		26,804,035		
	3 Investment income (including dividends, interest and other similar amounts)		2,766,302		14,754
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			
6a Gross Rents	(i) Real	72,003			
	(ii) Personal				
	b Less rental expenses	15,435			
	c Rental income or (loss)	56,568			
d Net rental income or (loss)		56,568			56,568
7a Gross amount from sales of assets other than inventory	(i) Securities		12,450,000		
	(ii) Other				
	b Less cost or other basis and sales expenses		34,921		
	c Gain or (loss)		12,415,079		
d Net gain or (loss)		12,415,079			12,415,079
8a Gross income from fundraising events (not including \$ 371,952 of contributions reported on line 1c) See Part IV, line 18	a		539,037		
	b Less direct expenses b		554,677		
	c Net income or (loss) from fundraising events		-15,640		
9a Gross income from gaming activities See Part IV, line 19 a			9,000		
	b Less direct expenses b				
	c Net income or (loss) from gaming activities		9,000		
10a Gross sales of inventory, less returns and allowances a			1,129,053		
	b Less cost of goods sold b		970,995		
	c Net income or (loss) from sales of inventory		158,059		
Miscellaneous Revenue		Business Code			
11a FUN DAY		900099	16,507		16,507
	b				
	c				
	d All other revenue				
e Total. Add lines 11a-11d			16,507		
12 Total revenue. See Instructions		69,789,051	26,804,035	14,754	15,391,121

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
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	2,916,690	2,916,690		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	10,000	10,000		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	912,314		912,314	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	16,810,625	14,557,561	1,548,999	704,065
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,150,581	957,777	148,459	44,345
9	Other employee benefits	1,415,135	1,226,949	123,309	64,877
10	Payroll taxes	1,260,871	1,072,006	142,267	46,598
a	Fees for services (non-employees)				
	Management	0			
b	Legal	63,651		63,651	
c	Accounting	107,888		107,888	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	147,316			147,316
f	Investment management fees	0			
g	Other	78,078	29,646	46,688	1,744
12	Advertising and promotion	509,972		333,014	176,958
13	Office expenses	1,080,564	1,034,074	34,291	12,199
14	Information technology	254,012	200,698	52,062	1,252
15	Royalties	0			
16	Occupancy	952,300	809,455	132,398	10,447
17	Travel	71,877		54,694	17,183
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	307,063	189,446	92,182	25,435
20	Interest	850,558	722,974	85,056	42,528
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,285,368	2,792,563	328,537	164,268
23	Insurance	326,968		326,968	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	ADMINISTRATIVE	902,406		1,058,064	-155,658
b	MAINTENANCE & GROUNDS	901,418	766,205	90,142	45,071
c	SUMMER SCHOOL	766,738	766,738		
d	FOOD SERVICE	658,706	658,706		
e	STUDENT SERVICES/INSTRUCTIONAL	248,358	222,447	25,911	
f	All other expenses	662,381	333,290	163,474	165,617
25	Total functional expenses. Add lines 1 through 24f	36,651,838	29,267,225	5,870,368	1,514,245
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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
Assets	1 Cash—non-interest-bearing	2,100	1	2,100
	2 Savings and temporary cash investments	18,330,593	2	21,020,857
	3 Pledges and grants receivable, net	1,441,131	3	22,449,526
	4 Accounts receivable, net	234,083	4	320,381
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	512,818	8	592,707
	9 Prepaid expenses and deferred charges	453,017	9	307,850
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	74,376,838		
	10b Less accumulated depreciation	42,649,921	32,229,338	10c 31,726,917
	11 Investments—publicly traded securities	32,604,829	11	39,690,927
	12 Investments—other securities See Part IV, line 11	70,519,881	12	84,527,340
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	35,480	15	22,778
16 Total assets. Add lines 1 through 15 (must equal line 34)	156,363,270	16	200,661,383	
Liabilities	17 Accounts payable and accrued expenses	8,275,558	17	4,966,951
	18 Grants payable		18	
	19 Deferred revenue	14,534,265	19	14,811,404
	20 Tax-exempt bond liabilities	17,895,000	20	17,500,000
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	339,820	25	233,649
	26 Total liabilities. Add lines 17 through 25	41,044,643	26	37,512,004
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	31,001,208	27	45,552,490
	28 Temporarily restricted net assets	45,721,991	28	63,233,800
	29 Permanently restricted net assets	38,595,428	29	54,363,089
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	115,318,627	33	163,149,379	
34 Total liabilities and net assets/fund balances	156,363,270	34	200,661,383	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	69,789,051
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,651,838
3	Revenue less expenses Subtract line 2 from line 1	3	33,137,213
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	115,318,627
5	Other changes in net assets or fund balances (explain in Schedule O)	5	14,693,539
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	163,149,379

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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

2010

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 described in **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
11g(i)		
11g(ii)		
11g(iii)		

(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	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add 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 section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f 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
1a Beginning of year balance	100,152,933	91,958,431	114,221,950		
b Contributions	13,794,283	1,448,672	1,790,593		
c Investment earnings or losses	17,506,280	12,907,515	-17,987,292		
d Grants or scholarships	1,320,184	1,283,526	1,319,820		
e Other expenditures for facilities and programs	4,509,523	4,461,534	4,534,089		
f Administrative expenses	258,226	416,625	212,911		
g End of year balance	125,365,563	100,152,933	91,958,431		

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

- a** Board designated or quasi-endowment ▶ 24 300 %
- b** Permanent endowment ▶ 33 380 %
- c** Term endowment ▶ 42 320 %

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

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

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
1a Land		357,723		357,723
b Buildings		58,093,066	30,131,454	27,961,612
c Leasehold improvements				
d Equipment		2,295,346	1,918,250	377,096
e Other		13,630,702	10,600,216	3,030,486
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				31,726,917

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	69,789,051
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	36,651,838
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	33,137,213
4	Net unrealized gains (losses) on investments	4	14,693,539
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	14,693,539
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	47,830,752

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	82,483,682
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	14,693,539
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	1,718,365
e	Add lines 2a through 2d	2e	16,411,904
3	Subtract line 2e from line 1	3	66,071,778
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,292
b	Other (Describe in Part XIV)	4b	3,709,981
c	Add lines 4a and 4b	4c	3,717,273
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	69,789,051

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	34,379,197
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	1,718,365
e	Add lines 2a through 2d	2e	1,718,365
3	Subtract line 2e from line 1	3	32,660,832
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,292
b	Other (Describe in Part XIV)	4b	3,983,714
c	Add lines 4a and 4b	4c	3,991,006
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	36,651,838

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 collection not only enhances the aesthetic environment of the school, it supports the curriculum of the school by making art available to students 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, 2011 and 2010 The School has concluded that is 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, 2011 or 2010
Reconciliation of Revenue Line 2d	Schedule D, Part XII Question 2d	Rental Activity Expenses 15,435 Special Event Expenses 554,677 Cost of Goods Sold 970,995 Discounted Services Recognized as Revenue on the F/S 177,258 TOTAL 1,718,365
Reconciliation of Revenue Line 4b	Schedule D, Part XII Question 4b	Loss on provision for uncollectible pledges 416,727 Childcare income netted against cost of running the center 326,672 Grants Awarded to students shown as contra revenue on F/S 2,926,690 Change in split interest agreement 39,892 TOTAL 3,709,981
Reconciliation of Expenses Line 4b	Schedule D, Part XIII Question 4b	Change in split interest agreement 39,891 Loss on provision for uncollectible pledges 690,460 Childcare income netted against cost of running center 326,673 Grants awarded to students shown as contra revenue on F/S 2,926,690 TOTAL 3,983,714
Reconciliation of Expenses Line 2d	Schedule D, Part XIII Question 2d	Rental Activity Expenses 15,435 Special Event Expenses 554,677 Cost of Goods Sold 970,995 Discounted Services Recognized as Revenue on the F/S 177,258 TOTAL 1,718,365

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2010

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

Part I

	YES	NO
1 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	
2 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	
3 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. If you need more space use Part II	Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d 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 Part II	Yes	
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II		No
6a Does the organization receive any financial aid or assistance from a governmental agency?		No
6b 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 Part II		No
7 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 Part II	Yes	

Part III Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
Nondiscriminatory Policy	Schedule E, Part I, Question 1	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.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2010

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Part V 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 or independent contractors, (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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/investments in region. Rows include East Asia and the Pacific, Europe (Including Iceland and Greenland), Central America and the Caribbean, Sub-Saharan Africa, Middle East and North Africa, North America, and summary rows 3a, 3b, 3c.

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* Yes No

Additional Data

Software ID:

Software Version:

EIN: 75-0800650

Name: Hockaday School

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

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.

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 and address 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, 35,800, 16,944, 18,856. Total row: 35,800, 16,944, 18,856.

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

AK, AZ, FL, LA, MD, MA, NH, VA, WA

Part II 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)	_____ (event type)	<u>0</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	910,989			910,989
	2 Less Charitable contributions	371,952			371,952
	3 Gross income (line 1 minus line 2)	539,037			539,037
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	554,677			554,677
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				554,677
11 Net income summary Combine lines 3 and 10 in column (d) ▶				-15,640	

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))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____
 Hockaday is a qualified nonprofit organization allowed to conduct one raffle per calendar year

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** 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? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

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

Name ▶ _____

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? 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 ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

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? 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 IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

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
(1) SCHOLARSHIP TO STUDENTS	187	2,916,690			

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 detailed income information. A methodology is applied to determine need. The Financial Aid Committee (comprised of School management) allocates the financial aid resources based on the determined need. Scholarships were given to students as a reduction in their tuition, lunch fees, and/or activity fees. No cash was distributed. The aid was awarded objectively and in a non-discriminatory manner.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

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
1a		
1b	Yes	
2	Yes	
3		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

1a 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.

<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)

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

2 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?

3 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.

<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

4 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:

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c 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

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 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:

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 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:

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 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

8 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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				
(1) Jeanne P Whitman	(i)	447,027	90,000	0	0	22,692	559,719	0
	(ii)	0	0	0	0	0	0	0
(2) Mary Pat Higgins	(i)	221,660	55,000	0	0	26,461	303,121	0
	(ii)	0	0	0	0	0	0	0
(3) Cathy Murphree	(i)	162,243	10,000	0	0	18,198	190,441	0
	(ii)	0	0	0	0	0	0	0
(4) Susan Swan Smith	(i)	154,209	12,000	0	0	17,261	183,470	0
	(ii)	0	0	0	0	0	0	0
(5) John Ashton	(i)	147,435	8,280	0	0	17,598	173,313	0
	(ii)	0	0	0	0	0	0	0
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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. SHE RESIGNED EFFECTIVE JUNE 30, 2011. SHE WAS PAID HER DEFERRED COMPENSATION BALANCE ON JUNE 30, 2011. IN ADDITION, PER THE DEFERRED COMPENSATION AGREEMENT, MS WHITMAN WAS PAID INTEREST THAT ACCUMULATED OVER THE LIFE OF THE AGREEMENT. THE MAJORITY OF THE INTEREST WAS PAID PRIOR TO JUNE 30, 2011. HOWEVER, APPROXIMATELY \$10K WAS PAID IN JULY 2011. COMPENSATION FOR SCHEDULE J IS REPORTED BASED ON THE CALENDAR YEAR ENDING DECEMBER 2010 AND THEREFORE DOES NOT REFLECT THE DEFERRED COMPENSATION PAID TO MS. WHITMAN DURING THE FISCAL YEAR ENDING JUNE 30, 2011.

**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.

2010

**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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Red River Education Finance Corporation	75-2791247	756872DT1	09-22-2005	18,344,577	Adv Rfd of Ed Rev Bnd Iss 11/1/00		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue	18,392,380			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrow				
7 Issuance costs from proceeds	221,867			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds	18,122,710			
10 Capital expenditures from proceeds				
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2002			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		
15 Were the bonds issued as part of an advance refunding issue?	X			
16 Has the final allocation of proceeds been made?	X			
17 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	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use?		X						
b Are there any research agreements that may result in private business use of bond-financed property?		X						
c 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						
4 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	0 %							
5 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	0 %							
6 Total of lines 4 and 5	0 %							
7 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	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X							
2 Is the bond issue a variable rate issue?		X						
3a Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was a hedge terminated?								
4a Were gross proceeds invested in a GIC?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
Part II, Line 3 Additional Information		Part II, Line 3 includes accrued interest of \$47,803, not reflected in the issue price in Part I

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2010

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 or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining oncash contribution amounts. Rows include Art, Cars, Securities, etc.

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 (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods and gift acceptance policies.

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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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
Hockaday School

Employer identification number

75-0800650

Identifier	Return Reference	Explanation
Relationships	PART VI, SECTION A, QUESTION 2	Jim Bass & Rita Clements - Family relationship Kathryn Francis & Kathryn Priddy - Family relationship Kathy Gudmundsson & Peter Gudmundsson - Family relationship Katherine Roberts & Ellen Rogers - Family relationship Schatzie Lee & Hamilton Lee - Family relationship Tiffany Rubi & Jeanie Laube - Family relationship

Identifier	Return Reference	Explanation
990 Provided to Governing Body	PART VI, SECTION B, QUESTION 11B	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 and all of the required schedules are 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, excluding Schedule B, is made available to the entire Board for review in the office of the Chief Financial Officer.

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 any conflicts. In addition, the Controller and CFO review the forms and discuss other potential conflicts. A summary of such conflicts, if any, is prepared for disclosure on the Form 990 and is reviewed by the Audit & Ethics Committee.

Identifier	Return Reference	Explanation
Compensation	PART VI, SECTION B, QUESTION 15A & 15B	<p>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.</p>

Identifier	Return Reference	Explanation
UNREALIZED GAIN/ LOSS	FORM 990, PART XI, LINE 5	UNREALIZED GAIN \$14,693,539

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS AVAILABILITY	PART VI, QUESTION 19	THE SCHOOL'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGE TO GOVERNING DOCUMENTS	PART VI, SECTION A, QUESTION 4	THE SCHOOL'S BY LAWS WERE CHANGED TO CREATE AND DEFINE THE "RETIREMENT COMMITTEE" THE RETIREMENT COMMITTEE IS A NEW STANDING BOARD COMMITTEE THAT SERVES AS THE 403(B) PLAN ADMINISTRATOR AND NAMED FIDUCIARY THE RETIREMENT COMMITTEE SETS POLICIES FOR THE SCHOOL'S 403(B) PLAN, SELECTS AND MONITORS THE INVESTMENT FUNDS OFFERED THROUGH THE SCHOOL'S RETIREMENT PLAN, ENSURES THE RETIREMENT PLAN IS ADMINISTERED IN ACCORDANCE WITH THE APPLICABLE LAWS, AND APPOINTS OR EMPLOYS INDIVIDUALS TO ASSIST THE RETIREMENT COMMITTEE WITH MEETINGS AND THE COMMITTEE'S RESPONSIBILITIES

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			
Mr Edward Ackerman Life Trustee	4 0	X						0	0	0
Mr Jamiel Akhtar Trustee	4 0	X						0	0	0
Mrs Ruth Altshuler Life Trustee	4 0	X						0	0	0
Dr Angela Ards Trustee	4 0	X						0	0	0
Mr James Jim Bass Chair, Executive Committee	6 0	X		X				0	0	0
Mrs Rita Crocker Clements Life Trustee	4 0	X						0	0	0
Mrs Margaret Doggett Crow Life Trustee	4 0	X						0	0	0
Mrs Linda Custard Life Trustee	4 0	X						0	0	0
Mrs Peggy Simmons Dear Trustee	4 0	X						0	0	0
Mr Robert H Bob Dedman Jr Trustee	4 0	X						0	0	0
Mrs Leslie Melnick Diers Trustee	4 0	X						0	0	0
Ms Talley Dunn Chair-Elect	6 0	X		X				0	0	0
Mr Gregg L Engles Trustee	4 0	X						0	0	0
Tucker Ford Enthoven Trustee	4 0	X						0	0	0
Mr R Steve Folsom Chair, Audit and Ethics	6 0	X		X				0	0	0
Mr Gerald J Ford Trustee	4 0	X						0	0	0
Mrs Kathryn Walker Francis Trustee	4 0	X						0	0	0
Mrs Amy Gow Trustee	4 0	X						0	0	0
Mr David A Gravelle Trustee	4 0	X						0	0	0
Mr Peter Gudmundsson Secretary	6 0	X		X				0	0	0
Mr David Haemisegger Treasurer, Chair of Finance	6 0	X						0	0	0
Mrs Cinda Cree Hicks Trustee	4 0	X						0	0	0
Mrs Frances Jeter Trustee	4 0	X						0	0	0
Mr Robert Bob Kaminski Chair	15 0	X		X				0	0	0
Mrs Joyce Lacerte 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			
Mrs Natalie Schatzie Lee Trustee	4 0	X						0	0	0
Mrs Kathryn King Marley Trustee	4 0	X						0	0	0
Mrs Margaret McDermott Life Trustee	4 0	X						0	0	0
Mrs Cynthia E McGeoch Trustee	4 0	X						0	0	0
Mrs Maryann Sarris Mihalopoulos Vice Chair	6 0	X		X				0	0	0
Mrs Paula Mosie Life Trustee	4 0	X						0	0	0
Mrs Edith Jones O'Donnell Life Trustee	4 0	X						0	0	0
Mr John Penson Life Trustee	4 0	X						0	0	0
Mrs Margot Perot Life Trustee	4 0	X						0	0	0
The Honorable Jeanne L Phillips Trustee	4 0	X						0	0	0
Mrs Kathryn Priddy Life Trustee	4 0	X						0	0	0
Mrs Randal Rauscher Rhodus Trustee	4 0	X						0	0	0
Mrs Ellen Higginbotham Rogers Life Trustee	4 0	X						0	0	0
Mrs Katherine Rogers Roberts Trustee	4 0	X						0	0	0
Mr Richard Dick Rogoff Life Trustee	4 0	X						0	0	0
Mrs Barbara Glazer Rosenblatt Trustee	4 0	X						0	0	0
Mrs Tiffany Borlaug Rubi Trustee	4 0	X						0	0	0
Ms Nicole Ginsburg Small Chair, Development	6 0	X		X				0	0	0
Mrs Judith Judi Stewart Trustee	4 0	X						0	0	0
Mrs Rebecca E Szalc Chair, Long Range & Strat Plan	6 0	X		X				0	0	0
Mrs Allison Campfield Taten Trustee	4 0	X						0	0	0
Dr Jacquelyn Jakkı Thomas Trustee	4 0	X						0	0	0
Mrs Michelle Neuhoff Thomas Chair, Board Gov & Leadership	6 0	X		X				0	0	0
Mr Courtney Wang Trustee	4 0	X						0	0	0
The Honorable Staci Williams Chair, Ed & Student Life	6 0	X		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			
Mrs Ann Whitley Wood Trustee	4 0	X						0	0	0
Mrs Mary Frances Cunningham Yancey Life Trustee	4 0	X						0	0	0
Mr Barney Young Life Trustee	4 0	X						0	0	0
Dr Sharon Youngblood Trustee	4 0	X						0	0	0
Mrs Cary-Elisa Briggie Rubarts Trustee	4 0	X						0	0	0
Jeanne P Whitman Head of School	50 0				X			537,027	0	22,692
Mary Pat Higgins CFO & Associate Head	50 0				X			276,660	0	26,461
John Ashton Head of Upper School	50 0				X			155,715	0	17,598
Cathy Murphree Asst Head for Academic Affairs	50 0					X		172,243	0	18,198
Susan Swan Smith Dir of Dev & External Affairs	50 0					X		166,209	0	17,261
Linda Kramer Head of Middle School	50 0					X		131,730	0	16,373
Jen Liggitt Director of Admissions	50 0					X		127,739	0	16,749
Ed Long Chair of FA & Dean of US	50 0					X		121,575	0	15,333