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# SCANNEDFER 2 7 2012

### **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)

2010
Open to Public

OMB No 1545-0047

Department of the Treasury

► The organization may have to use a conv of this return to satisfy state reporting requirements

Inter	nal Revenue Se	ervice	The organization may have	e to use a copy of	this return to satisty stati	e reporting requ	urements.	4674	TEMSPECTION TO THE
$\overline{A}$	For the 201	0 calenda	ar year, or tax year beginning	9/01	, 2010, and	ending	8/31		, 2011
	Check if applica						- 1 -	er Ident	fication Number
_			HIGH MEADOWS SCHOOL,	INC.				1846	
	Address cl	_ I 1	1055 WILLEO ROAD	INC.					-
	Name cha		ROSWELL, GA 30075				E Telepho		
	Initial retu	ırn 📑	COMEDE, GIL 30073				770	<u>-993</u>	-2940
	Terminate	d					i		
	Amended	return					<b>G</b> Gross re	eceipts S	6,661,441.
	Application	n pendina	F Name and address of principal officer	JAY UNDE	RWOOD	H(a) is	this a group retur	n for affi	
			SAME AS C ABOVE	-		H(b) Are	e all affiliates incl	uded?	Yes No
$\overline{}$	Tax-exempt			✓ (incert no.)	4947(a)(1) or	527 If '	No,' attach a list	(see ins	tructions)
<del>'</del>				(insert no)	4347(a)(1) UI			_	
1	Website:		P://WWW.HIGHMEADOWS.				oup exemption nu		
K	Form of orga		X Corporation Trust Associat	tion Other ►	L Year of	Formation 1	988 M/s	State of I	egal domicile GA
Pa		ummary							
	1 Briefly	y describe	e the organization's mission or m	nost significant	activities: THE F	HIGH MEA	DOWS COM	MUNI	TY CELEBRATES
ø	AND	PERPE	TUATES EACH INDIVIDU	AL'S QUES	T FOR KNOWLE	DGE AND	SKILL, S	ENSE	E OF WONDER,
ᇎ			CTION_TO_THE_NATURAL						
Ĕ			LE, AND ACTIVE GLOBA						
Š		k this box				of more tha	n 25% of its	net as	sets.
Ğ			ng members of the governing bo					3	15
80			ependent voting members of the	•	•			4	14
Activities & Governance			of individuals employed in calend					5	248
₹			of volunteers (estimate if necessa		,			6	125
¥			I business revenue from Part VIII		line 12			7a	0.
			ousiness taxable income from Fo					7ь	0.
				,			Prior Year		Current Year
	8 Contr	ibutions a	and grants (Part VIII, line 1h)				323,6	36	379,410.
e e			ce revenue (Part VIII, line 2g)	<u> </u>	6,081,2		6,234,424.		
Revenue	_		ome (Part VIII, column (A), lines	3 1 and 7d)		<u> </u>	13,9		
é			(Part VIII, column (A), lines 5, 6		and 11a)	<u> </u>			8,826.
_						<u>"</u>	53,9		9,238.
-			- add lines 8 through 11 (must e			<del>2)                                     </del>	6,472,7	91.	6,631,898.
			nilar amounts paid (Part IX, colur		-3)				
			o or for members (Part IX, colum						
ا ہـ	15 Saları	ies, other	compensation, employee benefit	))	4,410,0	07.	4,922,897.		
Ses	16a Profe	ssional fu	indraising fees (Part IX, column (	(A), line 11e)			•		
Expenses			ng expenses (Part IX, column <sub>t</sub> ( <del>D</del> )	147	A STATE OF THE STA	3350			
ă					306, 9	'4'.			
	17 Other	expense	s (Part IX, column (A), lines 11a	110, VIII 241).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1,588,5		1,610,887.
			Add lines 13-17 (must equal Pa				5,998,5		6,533,784.
$\blacksquare$	19 Rever	nue less e	expenses Subtract line 18 from	nie 12 CO 1			474,2	21.	98,114.
8			\F		RS	Begi	nning of Curren	t Year	End of Year
Net Assets or Fund Balancos	20 Total	assets (P	art X, line 16).				9,129,3	38.	9,113,957.
₽ĕ.	<b>21</b> Total	liabilities	(Part X, line 26)	OGDF	EN, UT		5,602,1	17.	5,488,622.
25	<b>22</b> Net a:	ssets or fi	und balances Subtract line 21 fr				3,527,2		3,625,335.
Pa		gnature		OIII IIIIE ZO	<del></del>		3,321,2	21.	3,023,333.
_				<del></del>					
com	er penalties of p plete Declaration	perjury, I dec on of prepar	lare that I have examined this eturn, include conner than officery is based on all informa-	ling accompanying ation of which prep	schedules and statements, arer has any knowledge	, and to the best	of my knowledge	and bel	ief, it is true, correct, and
			1000	/					
c:-		Signature	of officer				Date		<del></del>
Sig He	in F	10	July 11 mily mily	1/001	A C . 4	,		2	9-12
пе	1e	Type or p	rint name and title	Maa o	+School	/		7 - 0	7 - 12
	<del> </del>								
			1 /4	r's signature	Date		Check	J"	PTIN
Pai		ATHY J	J. REDGATE	<del></del>	(te, COA)	41/2012	self-employe	ed	N/A
		ırm's name	► BROOKS, MCGINNIS	& OCOMPANY	JLLC	,			
	Only	ırm's address	5871 GLENRIDGE DR	., STE 20	0		Firm's EIN	► N/2	A
			ATLANTA, GA 30328		<del></del>		Phone no	(404	
May	the IRS dis	scuse this	return with the preparer shown		actructions)		I Hone no	(40.	V Voc   No

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

inM

N

Form **990** (2010)

Forn	n 990 (2010) HIGH MEADOWS SCHOOL, INC.	58-184624	7 F	Page <b>2</b>
	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III			
1	Briefly describe the organization's mission			
	THE HIGH MEADOWS COMMUNITY CELEBRATES AND PERPETUATES EACH INDI	VIDUAL'S QUE	ST FOR	
	KNOWLEDGE AND SKILL, SENSE OF WONDER, AND CONNECTION TO THE NAT			Ē
	EMPOWER EACH TO BE A COMPASSIONATE, RESPONSIBLE, AND ACTIVE GLO			
	Did the organization undertake any significant program services during the year which were not listed	on the prior		
_	Form 990 or 990-EZ?		Yes X	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 :	carvicas?	Yes X	No
3	If 'Yes,' describe these changes on Schedule O	services:	ies M	140
	· · · · · · · · · · · · · · · · · · ·	and by avangages C	Costion EO1/	(a) (2)
4	Describe the exempt purpose achievements for each of the organization's three largest program servi and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	and allocations to	others, the t	total
	expenses, and revenue, if any, for each program service reported		,	
48	a (Code: (Expenses \$ 4,901,466. including grants of \$)	(Revenue \$ 5	5,376,13	32.)
	HIGH MEADOWS SCHOOL IS OPERATING WITH 401 STUDENTS AS OF THE EN			
	SCHOOL YEAR, PRESCHOOL THROUGH 8TH GRADE. HIGH MEADOWS SCHOOL'			
	INQUIRY-BASED, INTEGRATED CURRICULUM EMPHASIZES LOVE OF LEARNIN		·	
	MEANINGFUL CONNECTIONS, ENVIRONMENTAL RESPONSIBILITY AND EXCELL			
	HIGHLY RESPECTED AND CONSISTENTLY RECOGNIZED FOR BEST PRACTICES			
	ORGANIZATIONS, INCLUDING THE INTERNATIONAL BACCALAUREATE ORGANI			
		TATION' DATE	VOWCO V	- TAD
	NAEYC. IN SHORT, HIGH MEADOWS IS WHAT SCHOOL SHOULD BE			
			. – – – –	
41		(Revenue \$	867,53	
	A RELAXED AND CARING ATMOSPHERE SET ON 40 ACRES IN ROSWELL, HIG	H MEADOWS CA	MP OFFE	RS_
	CHILDREN AGES 3-15 OPPORTUNITIES FOR SELF-DISCOVERY THROUGH AGE	-APPROPRIATE		
	ACTIVITIES DIRECTED AT PERSONAL IMPROVEMENT, ENVIRONMENTAL AWAR	ENESS, AND		
	NON-COMPETITIVE ACHIEVEMENT. EXEMPLARY STAFF MEMBERS LEAD ACTIV	ITIES SUCH A	S ARCHE	RY,
	ANIMAL ENCOUNTERS, WOODWORKING, CANOEING, CRAFTS, SWIMMING, DRA	MA, NATURE,	AND	
	SPORTS. SINCE 1973, WE HAVE PROVIDED OUTSTANDING TRADITIONAL O	UTDOOR EXPER	IENCES	
	ENRICHING LIVES IN A CARING, NURTURING, CHILD-CENTERED SETTING.	THE CAMP,	ACA	
	(AMERICAN CAMPING ASSOCIATION) ACCREDITED, PROVIDES THREE SESSI	ONS WITH APP	ROXIMAT	ELY
	300 CAMPERS PER SESSION.			
	c (Code:) (Expenses \$ including grants of \$)	(Revenue ¢		١
40	) (Code) (Capenses y including grants of y)	(iveverine 5	_	,
		. – – – – – – –		
		<del>_</del>		
4	d Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$ ) (Revenue	\$	)	
40	e Total program service expenses ► 5, 697, 705.			
544			Form 990	(2010)

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)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
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? If 'Yes,' complete Schedule C, Part II	4		х
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? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? In $Yes$ , $Yes$	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	J.		
ā	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ŀ	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? If 'Yes,' complete Schedule D, Part VII	11 b		х
(	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? If 'Yes,' complete Schedule D, Part VIII	11 c		х
C	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? If 'Yes,' complete Schedule D, Part IX	11 d		х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
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)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	<del>├</del>	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	X	
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del> </del>	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
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 United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
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 United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	<u> </u>	х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u> </u>	Х
	olf 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20 b		
BAA	TEEA0103L 12/21/10	Forn	n <b>990</b>	(2010)

58-1846247 Page 4 Part IV: Checklist of Required Schedules (continued) No 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? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 24a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 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? If 'Yes,' complete Schedule L, Part I 25a Х 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? If 'Yes,' complete 25b Х Schedule L, Part I 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? If 'Yes,' complete Schedule L, Part II Х 26 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? If 'Yes,' complete Schedule L, Part III 27 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? If 'Yes,' complete Schedule L, Part IV 28a Х **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х Schedúle L, Part IV 28b 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? If 'Yes,' complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M Х Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 34 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 Х 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)? If 'Yes,' complete Schedule R, Part V, line 2 Yes X No Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 Х 36

38 Note. All Form 990 filers are required to complete Schedule O BAA

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Form 990 (2010)

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Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Par	t 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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a 8			
Ł	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	·
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 248		•	4.3
t	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	Х
b	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3Ь		
4 a	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)?	4a		Х
t	If 'Yes,' enter the name of the foreign country: ►	- 1		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6 a	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?	6a		х
t	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	- 7a		<u> </u>
ь	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			l
	Section 501(c)(12) organizations. Enter.			
	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )		-	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  [2b]		;	·
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	is the organization licensed to issue qualified health plans in more than one state?	13a		<del>,</del> ,
	Note. See the instructions for additional information the organization must report on Schedule O.		2-	`
	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  [13b]	,	′,	 -
	Enter the amount of reserves on hand			<del> </del>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
0	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		i

Form 990 (2010) HIGH MEADOWS SCHOOL, INC 58-1846247 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 15 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a b Enter the number of voting members included in line 1a, above, who are independent 1 b 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? 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? X Did the organization make any significant changes to its governing documents 4 Х since the prior Form 990 was filed? SEE SCH O 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **7** a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Х Х **b** Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director or 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 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., No Yes 10 a X 10a Does the organization have local chapters, branches, or affiliates? 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? 10b 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHÉDULE O Х 12 c Х 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 Х 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 SEE SCHEDULE O Х 15a **b** Other officers of key employees of the organization 15b Х 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 X taxable entity during the year? 16 a 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? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > \_ GA Section 6104 requires an organization to make its Forms 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 |X|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. SEÉ SCHEDULE O

BAA

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► NANCY FAUX 1055 WILLEO RD., ROSWELL, GA. 30075 770-993-2940

Form 990 (2010)	HTGH	MEADOWS	SCHOOT.	INC

58-1846247

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization	on nor any	relate	d or	gan	ızat	ion co	mpe	ensated any current of	fficer, director, or trust	ee
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	Pos	ition (		k all t	hat app		Reportable	Reportable	Estimated
	hours per week (describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) LINDA BEGGS										
TRUSTEE	2	X						0.	0.	0.
(2) DAVID BOATRIGHT TRUSTEE	2	Х						0.	0.	0.
(3) PAUL HANNA										<del></del>
TRUSTEE	2	Х						0.	0.	0.
(4) TIM HANNON										·
TREASURER	4	Х		Х				0.	0.	0.
(5) JODY HOLDEN										
TRUSTEE	2	X						0.	0.	0.
(6) RICH HOYT	_									
TRUSTEE	4	X						0.	0.	0.
_(7)_AMY_JEWETT										
TRUSTEE	4	X						0.	0.	0.
(8) BILL KOLBRENER								_		
TRUSTEE	8	Х	_				<u> </u>	0.	0.	0.
_(9)_ PAM_LOPEZ	┥ .									
SECRETARY	4	X		Х				0.	0.	<u> </u>
(10) SCOTT MCDONOUGH	$\dashv$	١,,								_
TRUSTEE	2	X						0.	0.	<u> </u>
(11) DANA RAWLS CHAIR & VICE CH	10	Х		v				_		•
(12) SHERRY WILKINSON	10			Х				0.	0.	0.
TRUSTEE	4	Х						0.		0
(13) JOHN WILSON	+	_	$\vdash$	_			-	0.	0.	0.
VICE CHAIR	4	х		Х				0.	0.	0.
(14) SELENA WINGATE	<del>                                     </del>	_ A					$\vdash$	<u> </u>		<u> </u>
TRUSTEE	4	Х						0.	0.	0.
(15) AL REINGOLD	_						_			
TRUSTEE	2	х						0.	0.	0.
(16) DAVID CRAIG								-		
BOARD CHAIR	10	Х		Х				0.	0.	0.
(17) LAURIE KIRKEGAARD										<u></u> -
TRUSTEE	2	X						0.	0.	0.
BAA		1	EEA	0107L	. 12	/21/10				Form <b>990</b> (2010)

Part: VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)										
(A)	(B)	(c) Position (check all that apply)						(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organi- zations in Sch O)							Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(18) JUANITA MITCHELL BUSINESS MGR	50			х				134,953.	0.	2,600.
(19) JAY UNDERWOOD HEAD OF SCHOOL	50			Х				91,767.	0.	
(20) NANCY FAUX DIR OF FIN/OPER	50			Х				0.	0.	·
(21)										
(22)										
(23)										
(24)									****	
(25)										
(26)										
(27)										
(28)										
(29)										
1 b Sub-total	•						•	226,720.	0.	<del></del>
c Total from continuation sheets to Part VII, Section	Α						<b>&gt;</b>	0.	0.	
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limite from the organization ► 1	d to tho	se li	sted	abo	ove)	wh	o re	226,720. ceived more than		17, 326. table compensation
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it.</li> <li>4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater the organization.</li> </ul>	<i>ndıvıdua</i> portable	e cor	npe	nsat	tion	and	oth	er compensation	. ,	Yes No 3 X
<ul> <li>such individual</li> <li>Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or accrue of the organization of the</li></ul>	ompens	atio	n fro	om a	any	unre	elate	d organization or	ındıvıdual	4 X
Section B. Independent Contractors	complete	e 50	ned	uie .	J TO	SUC	ип р	erson		5 X
Complete this table for your five highest compensation from the organization	ed inde	pend	dent	cor	ntrac	tors	tha	t received more t	han \$100,000 of	
(A) Name and business addres	s							(B Description	) of services	(C) Compensation
2. Total number of independent contractors (including									· · · · · · · · · · · · · · · · · · ·	

\$100,000 in compensation from the organization ► 0

Par	t viii   Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns  b Membership dues  c Fundraising events  d Related organizations  e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above	7,375.				
ONTRIB IND OT	g Noncash contributions included in lns 1a-1f: \$					
	h Total. Add lines 1a-1f	Business Code	379,410.			
PROGRAM SERVICE REVENUE	2a TUITION	611600	5,366,894.	5,366,894.		
ERE	b_SUMMER_DAY_CAMP	611710	864,420.	864,420.		
RVIC	c OTHER	900099	3,110.	3,110.		<u> </u>
# SE	d					
3RA!	f All other program service revenue		<u> </u>			
PRO	g Total. Add lines 2a-2f	<b>&gt;</b>	6,234,424.			!
	Investment income (including dividend other similar amounts).	•	8,826.			8,826.
	4 Income from investment of tax-exemp	t bond proceeds.				
	5 Royalties	(II) Personal				
	6a Gross Rents	(1)				
	<b>b</b> Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(II) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					ļ
J.	<ul><li>d Net gain or (loss)</li><li>8a Gross income from fundraising events</li></ul>					
OTHER REVENU	(not including \$					
ER	See Part IV, line 18  b Less: direct expenses	a				
5	c Net income or (loss) from fundraising	~L				'
	9a Gross income from gaming activities. See Part IV, line 19	a				
	<b>b</b> Less: direct expenses	b				
	c Net income or (loss) from gaming active	vities •				
	10a Gross sales of inventory, less returns and allowances	a 38,781.				
	b Less: cost of goods sold	<b>b</b> 29,543.	0 220	0 220	<del></del>	
ł	c Net income or (loss) from sales of inve	Business Code	9,238.	9,238.		1
Ì	11 a					·
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	•	6 621 000	6 242 666		
	12 Total revenue. See instructions		6,631,898.	6,243,662.	0.	8,826.

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### 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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				***
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				,
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	405,697.	231,551.	127,984.	46,162.
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.	0.	0.	0.
7	Other salaries and wages	3,859,386.	3,591,126.	135,800.	132,460.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	93,230.	81,914.	7,132.	4,184.
9	Other employee benefits	254,420.	221,693.	20,834.	11,893.
10	Payroll taxes	310,164.	270,267.	25,398.	14,499.
11	Fees for services (non-employees)				
	a Management				
ı	<b>b</b> Legal	4,466.		4,466.	
	c Accounting	21,750.		21,750.	
•	d Lobbying				
	e Professional fundraising services See Part IV, line 17 f Investment management fees	, , , , , , , , , , , , , , , , , , , ,			
(	g Other	36,025.		36,025.	
12	Advertising and promotion	115,109.	92,748.	16,595.	5,766.
13	Office expenses	61,606.	52,365.	8,625.	616.
14	Information technology				
15	Royalties				<del></del>
16	Occupancy	335,043.	298,826.	36,217.	<u> </u>
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	65.50	61.005		
20	F	67,799.	61,386.	3,156.	3,257.
21	· 1	250 506	202 572	35 050	
22	- ' ' ' ' ' ' ' ' ' '   F	359,526. 65,364.	323,573. 53,800.	35,953. 11,564.	
23 24	Other expenses ltemize 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)	03,304.	33, 800.	11,304.	
	a INSTRUCTIONAL EXPENSES	228,741.	227,700.	347.	694.
	b CAMP/OEP	94,021.	94,021.		
	c DEVELOPMENT	84,644.			84,644.
	d TRAINING AND DEVELOPMENT	55,323.	34,015.	21,308.	
	e COMPUTER EXPENSE	44,163.	37,539.	4,416.	2,208.
1	f All other expenses	37,307.	25,181.	_11,562.	564.
<u>25</u>	Total functional expenses. Add lines 1 through 24f	6,533,784.	5,697,705.	529,132.	306,947.
26	Joint costs. Check here ► ☐ 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				

Pa	nt X	Balance Sheet							
				(A) Beginning of year		<b>(B)</b> End of year			
	1	Cash - non-interest-bearing		2,262,962.	1	2,225,762.			
	2	Savings and temporary cash investments		15,254.	2	15,265.			
	3	Pledges and grants receivable, net			3				
	4	Accounts receivable, net		81,409.	4	82,370.			
	5	Receivables from current and former officers, directors, and highest compensated employees. Complete Part II	, trustees, key employees, of Schedule L		5				
	6	persons described in section 4958(c)(3)(B), and contrib	vables from other disqualified persons (as defined under section 4958(f)(1)), described in section 4958(c)(3)(B), and contributing employers and soring organizations of section 501(c)(9) voluntary employees' beneficiary						
A	7	Notes and loans receivable, net	. 1	,	6 7				
Š	8	Inventories for sale or use	·	<del></del>	8				
A S S E T S	9	Prepaid expenses and deferred charges		450,265.	9	437,176.			
·		Land, buildings, and equipment cost or other basis	10a 8,774,694.			```			
	l .	F	10b 2,467,735.	6,267,220.	10 c	6,306,959.			
	1	Investments – publicly traded securities	2,407,733.	0,201,220.	11	0,300,333.			
	12	· · · · · · · · · · · · · · · · · · ·	Ì		12				
	13	Investments – program-related See Part IV, line 11			13				
	14	Intangible assets			14				
	15	Other assets See Part IV, line 11		52,228.	15	46,425.			
	16	Total assets Add lines 1 through 15 (must equal line 3	۵۱ ا	9,129,338.	16	9,113,957.			
	17	Accounts payable and accrued expenses		48,426.	17	63,825.			
	18	Grants payable		10, 1201	18				
	19	Deferred revenue		3,153,691.	19	3,224,797.			
Ļ	20	Tax-exempt bond liabilities	ŀ	0,100,031.	20	3/221/1311			
A B	21	Escrow or custodial account liability Complete Part IV	of Schedule D		21				
L	22	Payables to current and former officers, directors, trust highest compensated employees, and disqualified pers of Schedule L	ees, key employees,		22				
E S	23	Secured mortgages and notes payable to unrelated thir	d parties	2,400,000.	23	2,200,000.			
	24	Unsecured notes and loans payable to unrelated third p	· ·		24				
	25	Other liabilities Complete Part X of Schedule D			25				
	26	Total liabilities. Add lines 17 through 25		5,602,117.	26	5,488,622.			
-N			X and complete lines						
Ť		27 through 29 and lines 33 and 34.				•			
Ą	27	Unrestricted net assets		3,386,871.	27	3,545,271.			
ASSETS	28	Temporarily restricted net assets		126,350.	28	61,064.			
	29	Permanently restricted net assets		14,000.	29	19,000.			
R		Organizations that do not follow SFAS 117, check here	e ► and complete						
E		lines 30 through 34.							
FUZD	30	Capital stock or trust principal, or current funds			30				
В	31	Paid-in or capital surplus, or land, building, or equipme	ent fund		31				
Ê	32	Retained earnings, endowment, accumulated income, of	or other funds		32				
BALAZCES	33	Total net assets or fund balances		3,527,221.	33	3,625,335.			
Š	34	Total liabilities and net assets/fund balances		9,129,338.	34	9,113,957.			

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Form **990** (2010)

Form 990 (2010) HIGH MEADOWS SCHOOL, INC. 58-1	846247		Pa	ge <b>12</b>					
Part XI Reconciliation of Net Assets									
Check if Schedule O contains a response to any question in this Part XI									
1. Tatal revenue (must organ Port VIII asluma (A) time 12)	1	c c.	o 1 0	00					
1 Total revenue (must equal Part VIII, column (A), line 12)			31,8 33,7						
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5	3, 3,	27,2	0.					
5 Other changes in net assets or fund balances (explain in Schedule O).	<del>-  </del>			<u> </u>					
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	3,6	25,3	35.					
Part XII Financial Statements and Reporting									
Check if Schedule O contains a response to any question in this Part XII				$\Box$					
	_		Yes	No					
1 Accounting method used to prepare the Form 990  Cash X Accrual 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?	L	2a		X					
b Were the organization's financial statements audited by an independent accountant?		2b	Х						
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	∍ audıt,	2c	Х						
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O									
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both:	d on a		: ر ت						
X Separate basis Consolidated basis Both consolidated and separate basis									
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	ıngle	3a		Х					
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red audit	3 b	_						
BAA	<u> </u>	Form	990 (	(2010)					

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2010

		DOWS SCHOO								846247			
Part	I Re	ason for Pub	lic Charity Status	(All organizations	must o	comple	te this	part.)	See ı	nstruct	ions.		
The o	rganizat	tion is not a priva	ate foundation becaus	se it is: (For lines 1 thro	ugh 11,	check c	nly one	box )	<del>_</del>				
1	A cl	nurch, conventio	n of churches or asso	ciation of churches des	cribed in	section	n 1 <mark>70(</mark> b)	(1)(A)(i)					
2	X A so	chool described i	n section 170(b)(1)(A	(Attach Schedule I	E.)								
3	A h	ospital or a coop	erative hospital service	ce organization describe	ed in <b>se</b> c	ction 17	0(b)(1)(A	A)(iii).					
4	☐ A m	edical research	organization operated	I in conjunction with a h	ospital i	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) Er	iter the ho	spital's	5
	nam	ne, city, and state	е										
5	An 170	organization ope ( <b>b)(1)(A)(iv).</b> (Co	rated for the benefit omplete Part II.)	of a college or university	owned	or oper	ated by	a gover	nmenta	unit de	scribed in	sectio	n .
6				overnmental unit descri									
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		-		<b>70(b)(1)(A)(vi).</b> (Comple		•							
9	fron	n activities relate estment income a	at normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts ted to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after a section 509(a)(2). (Complete Part III)										
10	∐ An ∈	organization orga	anized and operated e	exclusively to test for pu	ublic safe	ety See	section	1 509(a)	(4).				
11	An o	organization orga e publicly suppo cribes the type o	anized and operated e rted organizations des f supporting organiza	exclusively for the bene- scribed in section 509(a tion and complete lines	fit of, to i)(1) or s 11e thr	perform section 5 ough 11	the fur 509(a)(2 h	ctions o	of, or ca section	rry out th <b>509(a)(3)</b>	ne purpose . Check th	s of or ne box	ne or that
	a [_	Type I	<b>b</b> ∐Type Ⅱ	c Type II	I – Fund	ctionally	ıntegra	ted		d 🗌	Type III -	- Othe	er
е	othe	checking this box or than foundation on 509(a)(2)	r, I certify that the org n managers and othe	panization is not controlly than one or more pub	led dired licly sup	tly or in ported o	directly organiza	by one itions de	or more escribed	disquali in section	fied person on 509(a)(1	ns I) or	
f	If th	e organization re ck this box	eceived a written dete	rmination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting o	organizatio	n,	
g	Sind	e August 17, 20	06, has the organizati	on accepted any gift o	r contrib	ution fr	om any	of the fo	ollowing	persons	?		
	45											Yes	No
	(i)	A person who below, the gov	directly or indirectly c erning body of the su	ontrols, either alone or pported organization?	togethe	r with pe	ersons d	lescribe	d in (ii)	and (III)	11g(i)		
	(ii)		per of a person descri	•							11g (ii)	$\vdash$	
	(iii)	-	•	described in (i) or (ii) a	bove?						11g (iii)	$\square$	<u> </u>
h	Prov			e supported organization							119(/		
	(ı) Na	ame 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 column (i) listed in your governing you			ou notify nization in n (i) of upport?	(vi) Is the organization in column (i) organized in the		(vii) Amou	nt of sup	port
					Yes	Mo No	Yes	No	Yes	S?			
					163	110	163	110	162	No	<del></del>		
(A)							[						
3.7		<del></del>			<del>                                     </del>	<del>                                     </del>	<u> </u>	ļ	<del></del>	1			
(B)										İ			
											-		
(C)						<u></u>							
<u>(D)</u>							<u> </u>			ļļ			
(E)													
	-												
Total			<u> </u>	L	1	<u> </u>		<u> </u>					
RAA	ror Pap	erwork Reduction	on Act Notice, see the	Instructions for Form	990 or 9	990-EZ.		9	Schedule	A (Forn	n 990 or 9	90-EZ	2010

### 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 )

Sec	tion A. Public Support									
	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total			
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants ')									
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf									
3	The value of services or facilities furnished 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	<b>Public support.</b> Subtract line 5 from line 4						:			
Sec	tion B. Total Support				, <del> </del>	-				
	ndar year (or fiscal year nning in) ►						(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 active	rities, etc (see ins	tructions)			12				
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(	(3)			
	tion C. Computation of Pu			<del></del>	<del></del>					
	Public support percentage for 20			ne 11, column (f))	1	14	<u>%</u>			
	Public support percentage from		•			15	<u>%_</u>			
16 a	a 33-1/3% support test — 2010. If and stop here. The organization				nd the line 14 is 3	3-1/3% or more, o	check this box			
t	33-1/3% support test — 2009. If and stop here. The organization	the organization of qualifies as a pul	did not check a be blicly supported o	ox on line 13 or 10 organization	6a, and line 15 is	33-1/3% or more,	check this box			
17 a	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.									
_	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a						
BAA					Sc	hedule A (Form 9	90 or 990-EZ) 2010			

### 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)

Sec	tion A. Public Support					•	
	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include any unusual grants )	<b>\</b> -{	, ,	<b>,</b> , , , , , , , , , , , , , , , , , ,			
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						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)					. 1	
	tion B. Total Support		T		_	γ γ	
	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).						
13	Total support. (Add ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990	is for the organiz	ation's first, secor	nd, third, fourth,	or fifth tax year as	a section 501(c)(3	
Sec	organization, check this box and tion C. Computation of Pul		Percentage				
15		15	8				
	Public support percentage from 2	16	<del></del>				
	tion D. Computation of Inv			<u> </u>			
	Investment income percentage for				ımn (fl)	17	%
18	Investment income percentage fi	•	= = =	-	2 (177	18	%
	33-1/3% support tests — 2010. If is not more than 33-1/3%, check	the organization	did not check the	box on line 14,	and line 15 is mor as a publicly supp	e than 33-1/3%, ar	
t	<b>33-1/3% support tests</b> – <b>2009.</b> If line 18 is not more than 33-1/3%	the organization	did not check a b	ox on line 14 or	line 19a, and line	16 is more than 33	3-1/3%, and ►
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b,	check this box and	see instructions	▶ 🗍

Schedule A (For	m 990 or 990-EZ)	2010 HIGH N	LEADOWS SCHOOL	JL, INC.		-1846247 Page 4
<b>Part∃V®  Sup</b> Par (Se	oplemental Info t II, line 17a or e instructions)	ormation. Com 17b; and Part	plete this part to till, line 12. Als	to provide the ex so complete this	xplanations require part for any addition	d by Part II, line 10; onal information.
	<del></del>					
		<del> </del>				
<b></b>			<del> </del>			
		<b></b> -				

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Inspection

Employer identification number

HIGH MEADOWS SCHOOL, INC 58-1846247 Part L Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? No Yes |Part<sup>\*</sup>II∜| Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2с d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Nο Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? No 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 (ASC 958), 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 (ASC 958), 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

▶\$

►Ś

Schedule <b>D</b> (Form 990) 2010 HIGH	MEADOWS S	SCHOOL, INC.			58-18	46247	Page 2
Part III Organizations Mainta			torica	Treasures, or	r Other Similar As	sets (cont	tinued)
3 Using the organization's acquisiti items (check all that apply).	on, accession,	, and other records,	check a	ny of the following	that are a significant	use of its co	llection
a Public exhibition		<b>d</b> ☐ Loa	n or exc	hange programs			
<b>b</b> Scholarly research		e Oth		3. 1			
c Preservation for future gener	ations						
4 Provide a description of the orga Part XIV	nızatıon's colle	ections and explain h	now they	further the organ	nization's exempt purp	ose in	
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or rather than to b	receive donations of be maintained as pai	art, hist rt of the	orical treasures, o organization's co	or other similar llection?	Yes	∏No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangem	ents. Complete i	f orgar	nization answe	red 'Yes' to Form	990, Part	IV, line
		<del>`</del>					
1 a Is the organization an agent, trus included on Form 990, Part X?			-		ner assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV ar	nd complete the folio	wing tal	ole.			
- Danisana halana						Amount	<del></del>
c Beginning balance					10		
d Additions during the year					1 d		
<ul><li>e Distributions during the year</li><li>f Ending balance</li></ul>					1 e		
•		000 Dark V I.m. 2	.12		[ 11]		
2a Did the organization include an a		m 990, Part X, line 2	11.	•		Yes	∐No
b If 'Yes,' explain the arrangement		o ovacnization o		od Wasi ta Far	000 D+ 1\/ 1:-	10	
Part V Endowment Funds. Co							
1 - Decision of the belows	(a) Current y	<del></del>		(c) Two years bac	<del></del>	(e) Four	years back
1 a Beginning of year balance b Contributions			000.	5,00	0.		17.
<b>b</b> Contributions	٥,	9,	, 000.	5,00	0.		
c Net investment earnings, gains, and losses							·
d Grants or scholarships							•
Other expenditures for facilities and programs							
f Administrative expenses							. '
<b>g</b> End of year balance.	· · · · · · · · · · · · · · · · · · ·		,000.	5,00	0.	i	<u> </u>
2 Provide the estimated percentage	-						
a Board designated or quasi-endov		%					
<b>b</b> Permanent endowment ►	<u>100.00</u> %						
c Term endowment ►	%						
3a Are there endowment funds not a organization by:	in the possess	ion of the organization	on that a	are held and admi	nistered for the	Y	es No
(i) unrelated organizations						3a(i)	X
(ii) related organizations						3a(ii)	X
<b>b</b> If 'Yes' to 3a(ii), are the related of	organizations l	isted as required on	Schedu	e R?		3b	
4 Describe in Part XIV the intended	d uses of the c	organization's endow	ment fu	nds			
Part VI Land, Buildings, and I							
Description of investment		(a) Cost or other bas (investment)	ıs <b>(b</b> )	Cost or other oasis (other)	(c) Accumulated depreciation	(d) Boo	k value
1 a Land		•		1,423,933.		1.4	23,933.

 Part VI 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

 1a Land
 1, 423, 933.
 1, 423, 933.

 b Buildings
 5, 808, 431.
 1, 664, 816.
 4, 143, 615.

 c Leasehold improvements
 905, 978.
 567, 655.
 338, 323.

 e Other
 636, 352.
 235, 264.
 401, 088.

 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))
 6, 306, 959.

BAA

Schedule **D** (Form 990) 2010

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

SEE PART XIV

(9) (10) (11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25)

Sche	edule D (Form 990) 2010 HIGH MEADOWS SCHOOL, INC.	58-18462	47	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	·		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		6,631,	898.
2	Total expenses (Form 990, Part IX, column (A), line 25)		6,533,	
3	Excess or (deficit) for the year Subtract line 2 from line 1			114.
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities .			
6	Investment expenses			
7	Prior period adjustments			
, R	Other (Describe in Part XIV)			
٩	Total adjustments (net). Add lines 4 through 8	<u> </u>	*	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		9.0	114.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return		114.
1	Total revenue, gains, and other support per audited financial statements	1 1	6,661,	441
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	<del>                                   </del>	0,001,	771.
	Net unrealized gains on investments			
	Donated services and use of facilities 2b			
		$\dashv$ $\vdash$		
		<del>,  </del>		
	· · · · · · · · · · · · · · · · · · ·		20	E 4 2
,	e Add lines 2a through 2d	2e 3		543.
3	Subtract line 2e from line 1	3   -	6,631,	090.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	a Investments expenses not included on Form 990, Part VIII, line 7b	-		
	Other (Describe in Part XIV )			
	Add lines 4a and 4b.	4c		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	6,631,	898.
	t XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses p		c	207
1	Total expenses and losses per audited financial statements	1	6,563,	321.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	Donated services and use of facilities 2a			
	Prior year adjustments 2b			
	Other losses 2c	_		
	Other (Describe in Part XIV) SEE PART XIV 29,543			
•	e Add lines 2a through 2d	2e		543.
3	Subtract line 2e from line 1	3	6,533,	784.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b	<b>⊣</b>		
	Other (Describe in Part XIV)			
	Add lines 4a and 4b.  Total expenses Add lines 3 and 4a. This must equal Form 200. Port I, line 19.)	4c	6,533,	701
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  1 XIV Supplemental Information	3	0,333,	704.
		IV lines 1h	and 2h	
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compl	lete this part	t to provide	
any	additional information			
	.PART.XFIN.48.FOOTNQTE			
	THE COURSE TO THE PART THE PAR	<b>_</b>		
	<u>THE SCHOOL IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF T</u>	HE INTE	RNAL	
	DEVENUE CODE AC AMENDED AND ACCORDANCE V DAVIG NO THOME BANDS. TH	, 1000pp		
	REVENUE CODE, AS AMENDED, AND ACCORDINGLY PAYS NO INCOME TAXES. IN	ACCORDA	ANCE WIT	H
	FASB ASC THE SCHOOL BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR AN	Y TAX P	<u>OSITIONS</u>	
	TAKEN, AND AS SUCH DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT A	RE MATE	RIAL_TO	
	THE FINANCIAL STATEMENTS.			
			<b>-</b> -	
			<del>-</del>	

Schedule D (Form 990) 2010 HIGH MEADOWS SCHOOL, INC.  Part XIV   Supplemental Information (continued)	58-1846247	Page 5
Part XIV   Supplemental Information (continued)		
		·

# SCHEDULE E (Form 990 or 990-EZ)

**Schools** 

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization HIGH MEADOWS SCHOOL, INC.

Employer identification number 58-1846247

Part				
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, ot governing instrument, or in a resolution of its governing body?	her 1	х	
	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?	2	X	<u> </u>
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 had no solicitation program, in a way that mak the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No', please explain If y	es ou		
	need more space, use Part II	3	X	
	Does the organization maintain the following?			
b	Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially produce the state of the student back.	4a		
С	nondiscriminatory basis?  Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4b	Ī.,	<u> </u>
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	40	1	
				4,*
5	Does the organization discriminate by race in any way with respect to			į
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5 b	,	х
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	50	-	X
е	Educational policies?	5 e	-	Х
f	Use of facilities?	5f		Х
	Athletic programs?	5g	-	Х
	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II	_5h	<u> </u>	X
		 		,
6 a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
	Has the organization's right to such aid ever been revoked or suspended?	6 b		Х
7	If you answered 'Yes' to either line 6a or line 6b, explain on Part II  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			t
	4 Of unough 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial hondiscrimination? If	7	v	$\dagger$

Schedule	<b>E</b> (Form 990 or 9	90-EZ) 2010 F	HIGH MEADOWS	SCHOOL,	INC.		58-1846247 ired by Part I, lines 3, iditional information	Page 2
Part II	Supplementa	Informatio	n. Complete this	part to p	rovide	the explanations requ	ired by Part I, lines 3.	
لينتشششا	4d, 5h, 6b, an	d 7, as appl	icable. Also con	nplete this	part to	provide any other a	dditional information	
	(see instruction	ns).		•	•	•		
		·						
		<b></b>						
						<i></i> .		
							. <b></b> _	
	·							

### SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

(4)

### **Transactions With Interested Persons**

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

OMB No 1545-0047 2010

Employer identification number

▶\$

Open to Public Inspection 📆

58-1846247 HIGH MEADOWS SCHOOL, INC Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? (b) Description of transaction 1 (a) Name of disqualified person Yes No (1) (2) (3)

(5) (6) 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under **▶** \$ section 4958.

Loans to and/or From Interested Persons.

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

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

(a) Name of interested person and pur	son and purpose (b) Loan to or from the organization?		or from zation?	(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?		
	T	0	From				Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)				_	_							
(9)				_								
(10)												
otal				<b>▶</b> \$								,

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(10)		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

Name	(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	aring o
(1) BILL KOLBRENER BOARD TRUSTEE 127, 247. CONSTRUCTION (2) (3) (4) (5) (6) (7) (7) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		organization				nues? No
(9) (9) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(1) BILL KOLBRENER	BOARD TRUSTEE	127,247.	CONSTRUCTION		Х
(9) (9) (9) (10) (20) (20) (20) (20) (20) (20) (20) (2						
(5) (6) (7) (8) (9) (10) 2011WS Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule L (see instructions)				·		
(6) (9) (10) (20) (20) (20) (20) (20) (20) (20) (2				·		<u> </u>
(b) (c) (g) (l) (l) (l) (l) (l) (l) (l) (l) (l) (l			···			<u> </u>
(8) (9) (10) Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions)						-
(9)						-
(10) Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions)		<del></del>		<del></del>		<del> </del>
Rarttva Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions)				····		<u> </u>
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)	Part V Supplemental Information			<u> </u>		Щ
			s to questions on Scher	tule I (see instructions)		
·						
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·						
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·						

### SCHEDULE M (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
HIGH MEADOWS SCHOOL, INC.

Employer identification number

58-1846247

Pai	t I Types of Property							
		(a)	(b)	(c)		(d	)	
		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990.	Meth noncash	od of d contrib	letermir oution a	ing mounts
			items contributed	Part VIII, line 1g				
1	ArtWorks of art		·					
2	Art-Historical treasures				Ť			
3	Art-Fractional interests			**-*				
4	Books and publications.			·-·				
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded	Х	1	9,991.	FMV			
10	Securities-Closely held stock							
11	Securities-Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation contribution— Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate-Residential							
16	Real estate-Commercial							
17	Real estate-Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts.		-					
23	Scientific specimens							
24	Archeological artifacts			-				
25	Other ► (APPLIANCES)	Х	1	8,200.	FMV			
26	Other ► (BUILD SUPPLIES )	Х	1	8,850.	FMV			
27	Other ► (COUCH AND TV)	Х	2	1,050.	FMV		_	
28	Other ► (FURNISHINGS )	Х	10	26,400.	FMV			
29	Number of Forms 8283 received by the organization	on during the	e tax year for contribut	ions for which the				
	organization completed Form 8283, Part IV, Done	e Acknowled	igement.		29	<del></del> T	Yes	N-
							res	No
30 a	it must r exempt	30 a		X				
t				1				
<ul> <li>b If 'Yes,' describe the arrangement in Part II</li> <li>Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?</li> </ul>								X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?								Х
ŀ	If 'Yes,' describe in Part II					1		

describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Scheo	lule <b>M</b> (Form 990) 2010	HIGH MEADOWS	SCHOOL,	INC.	58-1846247	Page 2
Part	Supplemental I and 33. Also co	Information. Compomplete this part fo	lete this por any add	part to provide the information litional information.	required by Part I, lines 30b,	32b,
						<del>-</del>
						- <b>-</b>
			<b></b>			

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

2010

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

Attach to Form 990 or 990-F7

Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information.  ► Attach to Form 990 or 990-EZ.	Opento/Publication							
Name of the organization HIGH MEADOWS S	CHOOL, INC.	Employer identification number 58-1846247							
FORM 990, PA	RT VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL D	OCUMENTS							
DURING_THE_	YEAR, THE ORGANIZATION REVISED ITS BYLAWS TO CLARIF	Y AND ENHANCE CERTAIN							
GOVERNANCE ISSUES. MOST IMPORTANTLY, THE BYLAWS WERE REVISED TO HAVE A									
SELF-PERPETUATING RATHER THAN A MEMBER-BASED BOARD, THE TITLE OF THE GOVERNING									
ENTITY WAS CHANGED TO "BOARD OF TRUSTEES" AND THE POSITION OF TREASURER WAS ADDED AS									
AN_OFFICER_	OF THE BOARD. ADDITIONALLY, THERE WERE CLARIFICATION	ONS ADDED ABOUT THE							
SIZE AND TE	NURE OF THE BOARD, THE OFFICER AND COMMITTEE STRUCT	JRE AND THE NUMBER OF							
THE_MEETING	S TO BE HELD.								
FORM 990, PA	RT VI, LINE 11B - FORM 990 REVIEW PROCESS								
THE FORM 99	O IS REVIEWED BY THE ADMINISTRATION AND THE FINANCE	COMMITTEE AND							
PRESENTED_T	O THE FULL BOARD OF TRUSTEES FOR APPROVAL PRIOR TO	SUBMISSION TO THE IRS.							
FORM 990, PA	RT VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	ENT OF CONFLICTS							
A CONFLICT	OF INTEREST STATEMENT IS UPDATED ANNUALLY BY EACH BO	DARD MEMBER, OFFICER							
AND KEY EMP	LOYEE. INTERIM CHANGES ARE DISCLOSED ON A SELF REPORT	RTING BASIS.							
FORM 990, PA	RT VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS	FOR CEO, EXEC. DIR., OR TOP MG							
HEAD OF SCH	OOL COMPENSATION IS DETERMINED BY THE EXECUTIVE COM	MITTEE OF THE BOARD OF							
TRUSTEES IN	CONNECTION WITH AN ANNUAL REVIEW OF THE HEAD OF SCI	HOOL. IN DECIDING ON							
THE HEAD OF	SCHOOL'S COMPENSATION, THE EXECUTIVE COMMITTEE CON	SIDERS SALARY DATA							
FROM SEVERA	L INDEPENDENT SOURCES TAKING CONSIDERATION THE SIZE	AND GEOGRAPHIC							
LOCATION FO	R THE SCHOOLS LOCATED IN THE ATLANTA METROPOLITAN A	REA. THE BOARD OF							
TRUSTEES APPROVES THE HEAD OF SCHOOL'S COMPENSATION. THE PROCESS FOR DETERMINING THE									
COMPENSATION FOR THE SCHOOL'S DIRECTOR OF FINANCE AND OPERATIONS INCLUDES A REVIEW									
AND APPROVA	L BY THE HEAD OF SCHOOL USING COMPARABLE DATA AND I	S APPROPRIATELY							

Schedule <b>O</b> (Form 990 or 990-EZ) 2010	Page 2
Name of the organization	Employer Identification number
HIGH MEADOWS SCHOOL, INC.	58-1846247
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCL	JMENTS PUBLICLY AVAILABLE
DOCUMENTS ARE AVAILABLE UPON REQUEST	

Name(s) shown on return

Department of the Treasury Internal Revenue Service

### **Depreciation and Amortization** (Including Information on Listed Property)

See separate instructions. ► Attach to your tax return. OMB No 1545-0172

2010

Identifying number

HIGH MEADOWS SCHOOL, 58-1846247 Business or activity to which this form relates DEPRECIATION SCHEDULES ONLY Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I Part I 1 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions). 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing 5 separately, see instructions 6 (b) Cost (business use only) (a) Description of property (c) Elected cost Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 353,724 MACRS Depreciation (Do not include listed property ) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B -Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (a) Classification of property (c) Basis for depreciation (b) Month and (d) (e) (f) Method (g) Depreciation year placed in service (business/investment use Recovery period Convention deduction only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27.5 yrs S/L MM property 27.5 vrs MM S/L i Nonresidential real 39 yrs MM S/L property MM S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20 a Class life S/L S/L b 12-year 12 yrs c 40-year MM 40 yrs S/L Part IV | Summary (See instructions ) 21 Listed property Enter amount from line 28 21 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions 22 353,724. For assets shown above and placed in service during the current year, enter

23

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through Col Section A = Depreciation and Other Information (Caution: See the instructions for times for passenger automobiles).  24a Day pour have decrete to support the submers inventeem to client to be a considered to support the submers inventeem to client to be a considered to support the submers inventeem to client to be a considered to support the submers inventeem to client to be a considered to support the submers where the client to be a considered to support the submers where the client to be a considered to submers where the client to be a considered to submers where the client to be a considered to submers where the client to the	Par		Property (Indentity of a property of a prope	clude automob	iles, cert	aın other	vehicle	es, certa	ain c	ompu	ıters, a	nd prop	erty use	d for er	ntertainn	nent,		
Section A — Depreciation and Other Information (Gaution: See the instructions for turnis for passenger automobiles).  2d a by ye have existed to support the burness freestment use damned?  1		Note: Fo	r any vehicle fo	or which you a	re using all of Se	the stand	dard mi and Se	leage ra	ate o	r ded plica	lucting i ble.	lease e.	xpense,	comple	te <b>only</b> .	24a, 24	b,	
24a Doyng laber evidence to support the business/ meeting of the process of the			• • • •									mıts for	passen	ger aut	omobiles	s.)		
Type of procety flat   Dale placed   Secretary   Secre	24 a															_	No	
used more than 50% in a qualified business use:  28 Property used 50% or less in a qualified business use:  27 Property used 50% or less in a qualified business use:  28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1  28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1  29 Section B — Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  (a) (b) (c) (d) (e) (f) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	vehicles first)  Date placed investment use			Cost	Cost or Basis for depreciation other basis (business/investment			Recovery Method/			thod/	Depreciation		Elected section 179				
27 Property used 50% or less in a qualified business use:  28 Add amounts in column (h), line 25 through 27 Enter here and on line 21, page 1  29 Add amounts in column (l), line 26 Enter here and on line 7, page 1  29 Section 8 – Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person if you provided vehicles to your employees, first answer the questions in Section 10 or Section 10 or line 21, page 1  29 Section 8 – Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person if you provided vehicles to your employees, first answer the questions in Section 10 or Section 10 or Section 10 or Vehicle 2 (d) (d) (e) (d) (e) (f) (vehicle 5 (do not include commuting miles driven during the year (do not include commuting miles driven during the year Add lines 30 through 32 Total other personal (noncommuting) miles driven during the year Add lines 30 through 32 Total other personal use during 67 did yil hours?  30 Total miles driven during the year Add lines 30 through 32 Total other vehicle available for personal use during 67 did yil hours?  31 Total pusiness/myestiment the your mental of the your dependence of the your during the year (do not include commuting) miles driven during the year (above for related persons).  31 Total commuting miles driven during the year Add lines 30 through 32 to your during the year (above for related persons).  32 Total other vehicle available for personal use 4 with the your during the year (above for related persons).  33 Total miles driven during the year at your mental of your dependence of the your employees.  34 No your employees?  35 Was the vehicle such do your dependence your your employees who are not more than 5% owners or related persons.  36 Is another vehicle available for personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate of	25 Special depreciation allowance for qualified lis				listed pro use (see	perty pla	aced in service during the tax year and tions) 25					25						
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1  Section 8 – Information on Use of Vehicles  Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6  Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6  Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6  Vehicle 1 Vehicle 2 Vehicle 9 Vehicle	26	Property used i	more than 50%	in a qualified	business	use:												
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29 Add amounts in column (i), line 26 Enter here and on line 7, page 1  Soction B - Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  30 Total business/investment miles driven during the year (do not include commuting miles)  31 Total other personal (noncommuting) miles driven during the year.  32 Total other personal (noncommuting) miles driven during the year.  33 Total miles driven during the year.  34 Was the vehicle available for personal use during did-duty hours?  35 Was the vehicle available for personal use during did-duty hours?  36 Is another vehicle available for personal use?  Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees?  39 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)  Note: if your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.	27	Property used 5	0% or less in a	a qualified bus	iness use	e:						1				<u></u>		
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than 5% owner or related person?  Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)  Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles  Part VI   Amortization   Code   Code   Amortization   Am	34			personal use														
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43 Amortization of costs that began before your 2010 tax year 43 5,802.	* *			Date amortization			Amortizable		Code		Amor	Amortization period or		Amortization				
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## SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

HIGH MEADOWS SCHOOL, INC.

58-1846247

SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

COST OF GOODS SOLD

TOTAL \$ 29,543. \$ 29,543.

SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

COST OF GOODS SOLD

\$ 29,543. TOTAL \$ 29,543.