

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493012007801

Form **990**

Department of the Treasury

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) OMB No 1545-0047 2009

Open to Public Inspection

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

A F	or the :	2009 ca	lendar yea	r, or tax year beginning 07	-01-2009 and ending 06	5-30-2010			·
B Ch	eck if a	pplicable	Please	C Name of organization Cannon School Inc				D Employer ide	entification number
┌ Ad	dress ch	nange	use IRS label or					56-093506	
Г Nа	me cha	nge	print or	Doing Business As				E Telephone nu	ımber
┌ Ini	tıal retu	rn	type. See Specific	Number and street (or P.O. b	oox if mail is not delivered to st	reet address) Room/su	(704) 786-	8171
Гте	mınate	d	Instruc- tions.	5801 Poplar Tent Road	ox ii iiidii is iist deiivered to st	. cot dad cos	1	G Gross receipts	\$ 13,635,908
An	nended	return		City or town, state or country	, and ZIP + 4			\dashv	
_		n pending		Concord, NC 28027					
,			E Nan	L ne and address of principa	Lofficer	Т	11/-> -		
				w Gossage	i onicei			this a group returi filiates?	TYes ▼No
				oplar Tent Road d, NC 28027					
			Concor	u, NC 28027			• •	e all affiliates includ	·
T Ta	ax-exem	npt status	▼ 501(c)) (3) ◀ (insert no)	(a)(1) or		_		(see instructions)
		<u> </u>			(4)(1) (1) 327		H(c) G	roup exemption nu	mber 🕶
	ebsite	e: F www	cannonsc	thool org					
				ion Trust Association	Other 🟲		L Year o	f formation 1968	State of legal domicile NC
Pa	rt I	Sumr	nary						
Governance		kınderga Cannon	arten throu School coi	vate institution establishe gh twelve The School prir mmunity instills academic ect for diversity within a c	narily serves students in excellence and personal	Cabarrus resonsibil	County, N ty, inspire	lorth Carolina and es athletic and arti	surrounding areas The
	2	Checkt	hıs box ►	ıf the organization disco	ntinued its operations or o	disposed o	f more th	an 25% of its net a	assets
න් ග්	3		•	nembers of the governing					20
Ë	4		_	ident voting members of th					19
Activities &	5			nployees (Part V , line 2a)		,		5	
ĕ				lunteers (estimate if nece				6	30
				ted business revenue from	7a	0			
	ь	Net unre	elated busi	ness taxable income from	Form 990-T, line 34 .			71	0
							F	Prior Year	Current Year
	8	Contrib	outions and	d grants (Part VIII, line 11	1)		774,776	1,000,282	
Ravenue	9	Progra	m service	revenue (Part VIII, line 29	3)			12,764,006	12,018,500
БĄ	10	Invest	ment incor	ne (Part VIII, column (A),	lines 3, 4, and 7d) .			554,059	172,872
立	11	Other	revenue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 1	.1e)		246,092	183,507
	12			dd lines 8 through 11 (mu	•	. ,,		14,338,933	13,375,161
	13			ar amounts paid (Part IX, o				846,262	927,811
	14			or for members (Part IX, co				040,202	0
	15			ompensation, employee be					
8		10)	-,		((,,		9,229,239	8,538,517
Expenses	16a	Profes	sional fund	raısıng fees (Part IX, colu	mn (A), line 11e)				41,169
ੜ	ь	Total fur	ndraising exp	enses (Part IX, column (D), line	25) ► 290,457				
_	17	Other	expenses ((Part IX, column (A), lines	11a-11d, 11f-24f) .			4,528,604	4,213,321
	18			Add lines 13-17 (must eq				14,604,105	13,720,818
	19	Revenu	ie less exp	enses Subtract line 18 fr	om line 12			-265,172	-345,657
Net Assets or Fund Balances							Begini	ning of Current Year	End of Year
Set	20	Totala	ssets (Par	t X, line 16)		_		30,521,975	29,780,288
AB dB	21			Part X, line 26)				15,387,566	14,744,355
発量	22			d balances Subtract line :				15,134,409	15,035,933
Pa	rt II		ature Blo						
Sigi Her	n	Under perand belief	enalties of peef, it is true, o	egury, I declare that I have exar correct, and complete Declarati			on all infor		
			or print nam						
Paid		Preparer' signature	Michae	el Sorrells CPA	Date	se	neck if If- npolyed 🕨	Preparer's identifications	
	arer's Only	Firm's na if self-em	me (or yours ployed),	BDO USA LLP				EIN 🕨	
USE	Only		and ZIP + 4	7101 Wisconsin Ave Suite 8	300			_	
	_			Bethesda, MD 208144827				Phone no 🕨 (3	
Mav	the IR	S discus	s this retu	rn with the preparer shown	above? (see instructions	.)			▼ Yes

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Provision of a quality K-:	12 educational progra	am within a safe, diverse	. and challenging	environment

2	Did the organization the prior Form 990 or	undertake any significa r 990-EZ?	ant program se	ervices during the year v	vhich were not listed on	┌ Yes ┌ No
	If "Yes," describe the	ese new services on Sc	hedule O			
3		cease conducting, or n		nt changes in how it cond	ducts, any program	┌ Yes ┌ No
	If "Yes," describe the	ese changes on Schedu	ıle O			
4	Section 501(c)(3) an	nd 501(c)(4) organizat	ons and section		argest program services by e required to report the amo ervice reported	
	(Code) (Expenses \$	8.825.527	ıncludıng grants of \$	927,811) (Revenue \$	12,033,250)
	primary and secondary e			gard to race, religion or nation	, , ,	
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4d		ıces (Describe in Sch	edule O)			
	(Expenses \$	ıncl	uding grants o	f \$) (Revenue \$)
4e	Total program servi	ce expenses►\$	8,825,52	7		

Part IV	Check	dist of	Required	Schedules
	CIICCI	11136 01	IXC GGII CG	Schoules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
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		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
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	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		Νο
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 Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

orm	990 (2009)			Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		V	
2a	gaming (gambling) winnings to prize winners?	1c	Yes	
Za	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		Νο
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country 🕒			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year			"
	· · · · · · · · · · · · · · · · · · ·			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			

12b

5801 Poplar Tent Road Concord, NC 28027 (704) 786-8171

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
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?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	163	No
	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		NO
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
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		
<u>Se</u> 17	List the States with which a copy of this Form 990 is required to be filed NC			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website Vopon request Describe in Schedule Owhether (and if so, how), the organization makes its governing documents, conflict of			
	interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the Organization	ie orga	ınızatıor	ו 📂

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key 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, or 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 the organization did i	not compen	icer, director, trustee or key employee								
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Kannapolis, NC 28081 Liles Construction Co	Forn	m 990 (2009)				Page
\$100,000 in reportable compensation from the organization 1 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	1b	Total	-8	0		142,72
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2	,	:han			
on line 1a? If "Yes," complete Schedule J for such individual					Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3		nsated employee			
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		on line 1a7 It "Yes," complete Schedule I for such individual	[3		Νo
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for				
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Carolina Cleaning Solution 1611 Heather Glen Road Kannapolis, NC 28081 Liles Construction Co PO Box 466 Concord, NC 28026 No No No No No No No No No N		individual		4	Yes	
Section B. Independent Contractors 1	5	·	n for services			
Carolina Cleaning Solution 1611 Heather Glen Road Kannapolis, NC 28081 Liles Construction Co PO Box 466 Concord, NC 28026 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) Compensation Carolina Cleaning Solution Janitorial 182,500 Construction Co PO Box 466 C		rendered to the organization? If "Yes," complete Schedule J for such person		5		Νo
Carolina Cleaning Solution 1611 Heather Glen Road Kannapolis, NC 28081 Liles Construction Co PO Box 466 Concord, NC 28026 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) Compensation Carolina Cleaning Solution Janitorial 182,500 Construction Co PO Box 466 C						
\$100,000 of compensation from the organization (A) Name and business address Carolina Cleaning Solution 1611 Heather Glen Road Kannapolis, NC 28081 Liles Construction Co PO Box 466 Concord, NC 28026 (B) Compensation Compensation Compensation Compensation 182,500 Construction 120,000 120,000	S	ection B. Independent Contractors				
(A) Name and business address Carolina Cleaning Solution 1611 Heather Glen Road Kannapolis, NC 28081 Liles Construction Co PO Box 466 Concord, NC 28026 (B) Description of services Compensation 182,500 Construction 120,000	1	Complete this table for your five highest compensated independent contractors that received m	ore than			
Name and business address Carolina Cleaning Solution 1611 Heather Glen Road Kannapolis, NC 28081 Liles Construction Co PO Box 466 Concord, NC 28026 Construction Description of services Compensation 182,500 Construction 120,000		\$100,000 of compensation from the organization				
Carolina Cleaning Solution 1611 Heather Glen Road Kannapolis, NC 28081 Liles Construction Co PO Box 466 Concord, NC 28026 Construction 120,000						
1611 Heather Glén Road Kannapolis, NC 28081 Liles Construction Co PO Box 466 Concord, NC 28026 Concord, NC 28026 Liles Construction 120,000			scription of services		Compe	nsation
Kannapolis, NC 28081 Liles Construction Co PO Box 466 Concord, NC 28026 Concord, NC 28026						182.500
PO Box 466 Concord, NC 28026 Construction 120,000						
Concord, NC 28026						
			ion			120,000
2 Total number of independent contractors (including but not limited to those listed above) who received more than	Conc			_		
2 Total number of independent contractors (including but not limited to those listed above) who received more than				-		
2 Total number of independent contractors (including but not limited to those listed above) who received more than				-		
2 Total number of independent contractors (including but not nimited to those listed above) who received more than	_	Total number of independent contractors (including but not limited to these listed above) who rec	awad mara than	_		
\$100,000 in compensation from the organization \(\bar{\cute} \)2	2	,	erved more than			

Form **990** (2009)

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
\$ \$	1a	Federated camp	paigns 1a					
至至	ь	Membership du	es 1b					
್ರಿ≣	c c	Fundraising eve	ents 1c	20,250				
¥¥.	d	Related organiz	ations 1d					
<u>~</u>	e	Government grants						
씂	f	All other contribution	ons, gifts, grants, and 1f	980,032				
重量	'	similar amounts no						
운항	g	Noncash contri 47	butions included in 7.325					
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$: 1a-1f	▶	1,000,282			
O m	<u>"</u>	Total. Add filles			_,,			
e E	_			Business Code				
Yen	2a	tuition and fees		900,099	11,985,346	11,985,346		
윤	b	concessions and ot	her ————————————————————————————————————	900,099	33,154			33,154
<u> </u>	C							
<u>2</u>	d							
Ë	e							
Program Serwce Revenue	f	All other progra	m service revenue					
Š	g	Total Add been	:2a-2f	L	12,018,500			
	3		ome (including dividen		12,016,300			
			ar amounts)	· · · · · · · · · · · · · · · · · · ·	117,483			117,483
	4		tment of tax-exempt bond		·			
	5							
		,	(ı) Real	(II) Personal				
	6a	Gross Rents	14,750	,				
	ь	Less rental						
	 c	expenses Rental income	14,750					
		or (loss)	·	<u> </u>	14.750			14.750
	d	Net rental incor	me or (loss)	-	14,750			14,750
		Gross amount	(ı) Securities 69,432	(II) O ther 163,000				
	7a	from sales of	09,432	103,000				
		assets other than inventory						
	Ь	Less cost or other basis and	83,662	93,381				
		sales expenses	44.000	50.510				
	c	Gain or (loss)	-14,230	69,619	FF 300			FF 300
	d		s)		55,389			55,389
Other Revenue	8a	Ψ	luding ,250 reported on line 1c) e 18					
<u> </u>	Ь	Loca dimast sim	a noncos h	33,128				
₹	c c		penses b loss) from fundraising	29,351 events . •	3,777			3,777
_	9a		rom gaming activities		-,			-,
		See Part IV, lin						
	Ь		penses b					
	С		loss) from gaming activ	vities				
	10a	Gross sales of returns and allo		101,181				
	ь	Less cost of go	oods sold b	54,353				
	с	Net income or (loss) from sales of inve		46,828			46,828
		Miscellaneous	Revenue	Business Code				
	11a	auxiliary fundra	ısıng	900,099	118,152			118,152
	ь							
	c							
	d	All other revenu	ue					
	e		: 11a-11d					
	12		See Instructions .	▶ .	118,152 13,375,161	11,985,346		389,533
					10.0/0.101	10+0,000,11	L.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.									
	ll other organizations must complete column (A) but are not required to		(B), (C), and (B)	(D). (C)	(D)				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	927,811	927,811						
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	964,657		964,657					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	6,085,720	4,837,782	1,050,018	197,920				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	461,437	316,235	132,269	12,933				
9	Other employee benefits	539,281	368,928	155,265	15,088				
10	Payroll taxes	487,422	333,803	139,962	13,657				
11	Fees for services (non-employees)								
а	Management								
ь	Legal	30,000		30,000					
С	Accounting	124,595		124,595					
d	Lobbying								
e	Professional fundraising See Part IV, line 17	41,169			41,169				
f	Investment management fees	23,698		23,698					
g	Other	218,369	128,012	90,357					
12	Advertising and promotion	168,962		168,962					
13	Office expenses	804,846	567,880	236,966					
14	Information technology	92,149		92,149					
15	Royalties								
16	Occupancy	659,753	240,256	418,252	1,245				
17	Travel			·	·				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	87,815	47,447	37,318	3,050				
20	Interest	576,138		576,138					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	1,138,015	1,057,373	75,247	5,395				
23	Insurance	115,167		115,167					
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	uncollect pledge exp	123,834		123,834					
b	bad debt exp	49,980		49,980	_				
С					_				
d									
e									
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	13,720,818	8,825,527	4,604,834	290,457				
26	Joint costs. Check here F if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	25,7.20,010	5,525,521	,,55 ,,55 1	253,131				

Part X Balance Sheet (A) (B) Beginning of year End of year 489 657 1 1 Cash—non-interest-bearing 9.018.994 2 4.586.508 2 1,287,336 1,092,088 3 3 4 418.266 4 511.521 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 140.000 5 120,000 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 7 Inventories for sale or use 15,989 13,994 176.797 278,255 Land, buildings, and equipment cost or other basis Complete 23.920.499 10a 10a Part VI of Schedule D 10b 7.666.042 16,815,476 **10c** b Less accumulated depreciation 16.254.457 2.648.628 11 6.322.808 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 600.000 16 30,521,975 16 29,780,288 Total assets. Add lines 1 through 15 (must equal line 34) . . . 535.638 17 576.610 17 Accounts payable and accrued expenses . 18 18 5,063,459 19 4,785,969 19 20 9,035,000 20 8,620,000 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 761.776 25 Other liabilities Complete Part X of Schedule D 753.469 25 26 **Total liabilities.** Add lines 17 through 25 15,387,566 14,744,355 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 12.699.077 12,682,880 27 Unrestricted net assets 27 28 2.435.332 28 2.353.053 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 15,134,409 33 Total net assets or fund balances 33 15,035,933 34 Total liabilities and net assets/fund balances 30.521.975 34 29,780,288

Part XI Financial Statements and Reporting

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

Form **990** (2009)

OMB No 1545-0047

MB NO 1545-004

2009

2009

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Cannon School Inc

Name of the organization

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

Public Charity Status and Public Support

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

Inspection

Employer identification number

									56-093506	54				
Pa	rt I	Reaso	n for Pul	blic Charity State	us (All org	anızatıons	must comp	olete this p	art.) See ins	structions				
he c	rganız	zatıon ıs	not a private	e foundation because	ıtıs (Forlı	nes 1 throu	igh 11, check	only one bo	x)					
1	Г	A churc	h, conventio	on of churches, or as:	sociation of	churches s	ection 170(b)(1)(A)(i).						
2	굣	A schoo	l described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedi	ıle E)							
3	Γ	A hospi	tal or a coop	perative hospital serv	rice organiza	atıon descr	bed in sectio	n 170(b)(1)	(A)(iii).					
4	Γ			ı organızatıon operate ty, and state	ed in conjunc	ction with a	hospital desc	cribed in sec	tion 170(b)(1	.)(A)(iii). Ent	erthe			
5	Γ	An orga	nızatıon ope	erated for the benefit	of a college	or universi	ty owned or o	perated by a	governmenta	al unit describ	— ed ın			
		section	170(b)(1)(<i>i</i>	A)(iv). (Complete Pa	rt II)									
6		A federa	al, state, or	local government or	governmenta	al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).					
7		describe	ed in	it normally receives a A)(vi) (Complete Pa		l part of its	support from	a governme	ntal unit or fro	om the genera	l public	:		
8	Г	A comm	unity trust	described in section	170(b)(1)(A	(vi) (Cor	nplete Part II	:)						
9	\sqcap		A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross											
				ities related to its exe										
		ıts supp	ort from gro	ss investment incom	ne and unrela	ated busine	ss taxable ın	come (less s	section 511 to	ax) from busır	esses			
		acquire	d by the org	anization after June 3	30,1975 Se	ee section 5	509(a)(2). (C	omplete Par	t III)					
10	\sqcap	An orga	nızatıon org	anized and operated	exclusively	to test for p	oublic safety	Seesection	509(a)(4).					
l1 e	Г	one or n the box a	nore publicly that describ Type I	anized and operated y supported organiza bes the type of suppo b Type II ox, I certify that the o	tions describ rting organiz c	bed in sect zation and o Type III	on 509(a)(1) complete line - Functional	or section ! s 11e throug ly integrated	509(a)(2) Se gh 11h I d	e section 509	(a)(3). I - Oth	Check her		
f g	,	other th section If the or check th Since A	an foundation 509(a)(2) Iganization in Ins box Ugust 17, 2	on managers and other received a written def .006, has the organiz	er than one o	or more pub	licly support	ed organızat Type I, Type	ions describe	d in section 5	09(a)(1) or		
			g persons? rson who du	rectly or indirectly co	ntrole aitha	ralone ort	ogether with	narsons das	cribed in (ii)		Yes	No		
				governing body of the	•		_	persons des	cribed iii (ii)	11g(i)	165	110		
				er of a person describ		_	1011			11g(ii)	+			
			•	led entity of a person			hove?			11g(iii)				
h				ig information about t						rra(m)	1	Ь		
••		1101146	the followin	ig illioithation about t	ne supporte	a organizat	1011(3)							
	(i) Name of supported organization		ted EIN lines 1-9 above ation or IRC section		Is the organizat col (i) lis your gove	(iv) Is the organization in col (i) listed in your governing document?) otify the ition in of your ort?	(vi Is th organiza col (i) org in the U	re tion in ganized	A m	vii) ount of oport?		
				(see instructions))	Yes	No	Yes	No	Yes	No				
							1							
				1		1	1							

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 56-0935064

Name: Cannon School Inc

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

(A)	(B)		_					l .		Compensated Employees, and Independent Contractors											
Name and Title	A verage hours		(C) non (check all nat apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other											
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations											
Russ Andrews Trustee	1 00	X						0	0	0											
Bob Bratton	1 00	X						0	0	0											
Trustee William Cox		^																			
Trustee	1 00	X						0	0	0											
Mary Margaret West Trustee	1 00	X						0	0	0											
Roy Goode Trustee	1 00	X						0	0	0											
Chris Gruber Trustee	1 00	X						0	0	0											
Lawrence Kımbrough Trustee	1 00	×						0	0	0											
Gerald Kurtz Trustee	1 00	×						0	0	0											
Lisa Livingston Trustee	1 00	X						0	0	0											
A my Lovett Trustee	1 00	X						0	0	0											
Randy McVane Trustee	1 00	X						0	0	0											
Anne Morrison Trustee	1 00	X						0	0	0											
John Phillips Jr Trustee	1 00	X						0	0	0											
David Powell Trustee	1 00	X						0	0	0											
John Rossitch Trustee	1 00	X						0	0	0											
Susan Schneider Trustee	1 00	X						0	0	0											
Anthony Sparrow Trustee	1 00	X						0	0	0											
Tım Tysınger Trustee	1 00	X						0	0	0											
Pattı Wheeler Trustee	1 00	X						0	0	0											
Matthew Gossage Head of School	40 00			X				351,603	0	47,142											
Shayne Cokerdem Upper School Head	40 00			X				95,100	0	7,608											
Bill Diskin Admission Director	40 00			Х				92,120	0	52,754											
Matthew Rush Mıddle School Head	40 00			X				90,000	0	20,243											
Brian Scales Advancement Director	40 00			Х				87,360	0	6,988											
Joseph Ianco Jr Director of Finance	40 00			X				59,165	0	7,990											

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

compensated zimpicy	, aaa-p									
(A) Name and Title	(B) Average hours per	(C) Position (chec that apply)		tion (check all hat apply)			T	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	11 — 1	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Dick Snyder Head of SChool	0 00						Х	0	0	3,830

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493012007801

OMB No 1545-0047

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

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

Open to Public

ernal	Revenue Service	orm 990. ► See separate instructions.		Inspection
	e of the organization on School Inc		Emplo	yer identification number
call	OII SCHOOLING		56-09	35064
Pa	t I Organizations Maintaining Donor A			
	organization answered "Yes" to Form 99			
		(a) Donor advised funds	(b)	Funds and other accounts
	Total number at end of year			
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		oradvise	Yes No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit		•	ourpose Yes No
Τ	Conservation Easements. Complete	ıf the organization answered "Yes" to	o Form '	990, Part IV, line 7.
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	ertified h	
				Held at the End of the Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements	-	2b	
	Number of conservation easements on a certified his	storic structure included in (a)	2c	
	Number of conservation easements included in (c) a	cquired after 8/17/06	2d	
	Number of conservation easements modified, transfer the taxable year Number of states where property subject to conservations the organization have a written policy regarding	ation easement is located ►		
	enforcement of the conservation easements it holds	7		Г Yes
	Staff and volunteer hours devoted to monitoring, inspection of expenses incurred in monitoring, inspection.			
	Does each conservation easement reported on line 2	3,	•	Yes No
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial	•	statement, and
ď	Organizations Maintaining Collection Complete if the organization answered		or Othe	er Similar Assets.
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or research	h in furth	
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir		•
	(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, hist following amounts required to be reported under SFA		r financia	
	Revenues included in Form 990, Part VIII, line 1			► \$
	•			•

b Assets included in Form 990, Part X

ar	Titl Organizations Maintaining Co	<u>llections of Art</u>	, Hist	toric	cal Tre	eası	ires, or (<u> 2the</u>	<u>r Similai</u>	r Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e follo	owing th	at ar	e a signific	ant ι	ise of its co	ollection	ו	
а	Public exhibition		d	Γ	Loan or	exc	hange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
1	Provide a description of the organization's co	ollections and explai	ın how	they	further	the	organızatıo	n's e	kempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						n answere	ed "Y	'es" to Foi	m 990),	
	Part IV, line 9, or reported an ar											
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other interme	diary	for co	ntributi	ons	or other as	sets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the t	followi	ıng ta	ble				1			
										A mou	ınt	
С	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?							Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\	/										
Pa	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior \		(c)T	wo Years Bac	k (d)Three Years	Back (e	Four Ye	ars Back
а	Beginning of year balance	2,784,413		3	,374,348			_		_		
Ь	Contributions	62,158			16,100			+		_		
c	Investment earnings or losses	399,254		-	-573,835							
d	Grants or scholarships	23,699			32,200							
е	Other expenditures for facilities and programs	23,099			32,200							
f	Administrative expenses											
g	End of year balance	3,222,126		2	,784,413							
2	Provide the estimated percentage of the yea	r end balance held a	ıs									
а	Board designated or quasi-endowment	62 000 % %										
ь	Permanent endowment > %											
c	Term endowment ► 38 000 % %											
a	Are there endowment funds not in the posse	ssion of the organiza	ation t	hat a	re held a	and a	administere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations									3a(i)		Νο
	(ii) related organizations									3a(ii)		N o
	If "Yes" to 3a(II), are the related organizatio							•		3b		
	Describe in Part XIV the intended uses of th					<u> </u>	t V l	10				
' @	t VI Investments—Land, Building	s, and Equipme	nt. 50							T		
	Description of investment				Cost or ot (investm		(b)Cost or o		(c) Accumu depreciat		(d) Boo	k value
.a	Land						50	1,819				501,819
b	Buildings						19,36	9,139	4,5	59,968	14	,809,171
c	Leasehold improvements											
d	Equipment						4,04	9,541	3,10	06,074		943,467
e	Other					Ī						

16,254,457

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		,
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation
· · · · · · · · · · · · · · · · · · ·		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Rook value
(-,,	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) Should equal Form 990, Part X, col.(B) line in	ne 15. ption	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15. ption (5.) (, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes valuation of derivative instrument	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes valuation of derivative instrument	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes valuation of derivative instrument	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes valuation of derivative instrument	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes valuation of derivative instrument	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes valuation of derivative instrument	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes valuation of derivative instrument	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes valuation of derivative instrument	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes valuation of derivative instrument	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes valuation of derivative instrument	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes valuation of derivative instrument	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes valuation of derivative instrument	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes valuation of derivative instrument	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes valuation of derivative instrument	(5.)	

1 Total r	evenue (Form 990, Part VIII, column (A), line 12)	1	13,375,161
2 Total 6	expenses (Form 990, Part IX, column (A), line 25)	2	13,720,818
3 Exces	s or (deficit) for the year Subtract line 2 from line 1	3	-345,657
4 Netun	realized gains (losses) on investments	4	353,399
5 Donate	ed services and use of facilities	5	
6 Invest	ment expenses	6	
7 Prior p	eriod adjustments	7	
8 Other	(Describe in Part XIV)	8	-106,218
9 Total a	adjustments (net) Add lines 4 - 8	9	247,181
10 Exces	s or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-98,476
Part XII	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1 Total	revenue, gains, and other support per audited financial statements	1	12,884,453
2 A mou	ints included on line 1 but not on Form 990, Part VIII, line 12		
a Netu	nrealized gains on investments 2a 353,399		
b Dona	ted services and use of facilities		
c Reco	veries of prior year grants		
d Other	(Describe in Part XIV)		
e Addl	nes 2a through 2d	2e	437,103
3 Subtr	act line 2e from line 1	3	12,447,350
4 A mou	ints included on Form 990, Part VIII, line 12, but not on line 1		
a Inves	tment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Other	(Describe in Part XIV)		
	nes 4a and 4b	4c	927,811
	Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	13,375,161
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
	expenses and losses per audited financial	1	12,982,929
	nts included on line 1 but not on Form 990, Part IX, line 25		
	ed services and use of facilities		
b Prior	year adjustments		
c Other	losses		
d Other	(Describe in Part XIV) 2d 83,704		
e Addl	nes 2a through 2d	2e	83,704
3 Subtr	act line 2e from line 1	3	12,899,225
4 A mou	nts included on Form 990, Part IX, line 25, but not on line 1:		
a Inves	tment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other	(Describe in Part XIV)		
c Add I	nes 4a and 4b	4c	821,593
5 Total	expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	13,720,818

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

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

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Endowment funds are used to fund a variety of programs that are aligned with the school's exempt purpose. Those funds with donor imposed restrictions are expended according to the donor restrictions. There are spending policies based upon investment returns.
Part X	Description of Uncertain Tax Positions Under FIN 48	ASC 740 (formerly Financial Accounting Standards Board ("FASB") Interpretation No 48, Accounting for Uncertainty in Income Taxes-an Interpretation of FASB Statement No 109), was adopted as of July 1, 2008. This interpretation was enacted to clarify uncertainty in income taxes recognized in the financial statements in accordance with ASC 740. Under ASC 740, an entity must recognize a tax benefit or expense from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. The School has no uncertain tax positions as of June 30, 2010.
Part XI, Line 8 - Other Adjustments		unrealized gains (losses) on Interest rate Swap -106218
Part XII, Line 2d - Other Adjustments		cost of goods sold 54353 Fundraising Expense 29351
Part XII, Line 4b - Other Adjustments		financial aid netted on financial statements 927811
Part XIII, Line 2d - Other Adjustments		cost of goods sold 54353 Fundraising Expense 29351
Part XIII, Line 4b - Other Adjustments		unrealized gains (losses) on Interest rate Swap -106218 financial aid netted on financial statements 927811

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

►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.

OMB No 1545-0047

2009

Open to Public

Cann	on School Inc	• •			
		56-0935064		\ <u>\</u>	
				YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in other governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student ad programs, and scholarships?				N
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broad the period of solicitation for students, or during the registration period if it has no solicitation pro that makes the policy known to all parts of the general community it serves? If "Yes," please desplain	gram, ın a way	2		No.
	The policy is written in our applications only, but is not actively publicized via media outlets		3		No
4	Does the organization maintain the following?		1		
i	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
I	b Records documenting that scholarships and other financial assistance are awarded on a racially basis?	nondiscriminatory	4b	Yes	
•	Copies of all catalogues, brochures, announcements, and other written communications to the pu with student admissions, programs, and scholarships?	ıblıc dealıng	4c	Yes	
(Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule	O (Form 990)			
			-		
5	Does the organization discriminate by race in any way with respect to		1		
	a Students' rights or privileges?		5a		Νo
ı	b Admissions policies?		5b		Νo
•	Employment of faculty or administrative staff?		5с		Νo
•	d Scholarships or other financial assistance?		5d		No
•	e Educational policies?		5e		Νo
1	f Use of facilities?		5f		Νo
,	g Athletic programs?		5g		Νo
1	h Other extracurricular activities?		5h		Νo
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule	: O (Form 990)			
			-		
	a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended?		6a		No
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)		6b		No
7	Does the organization certify that it has complied with the applicable requirements of sections 4	01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Sc		7	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493012007801

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

	ne of the organization						Employer iden	tification number
_ an	non School Inc						56-0935064	
Pa		tivities. Complet rs are not required			tion answered "Yes" s part.	to Form	990, Part IV	, line 17.
Indicate whether the organization raised funds through any of the following activities. Check all that apply a								
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes No		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)		(vi) A mount paid to (or retained by) organization
F-4.	_1	1	•	<u> </u>				

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

		(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tot (Add col	(a) the	
		40th Birthday Party (event type)	(event type)	(total number)	со	(c))	
₽ 1	Gross receipts	53,378	3			53	3,378
enile 1	Less Charitable	20,250	D.			20	0,250
3	Gross income (line 1 minus line 2)	33,128	3			33	3,128
4	Cash prizes						
္ 5	Non-cash prizes						
sesuedxi 7	Rent/facility costs						
<u>ម្ព័</u> 7	Food and beverages						
5 8 건 8	B Entertainment						
و ا ځ	Other direct expenses .	29,35	1			29	9,351
10	Direct expense summary Add lir	nes 4 through 9 in column	ı (d)			29	9,351
11	1 Net income summary Combine I	nes 3, column d, and line	10		•		3,77
Part I	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted mor	e than	1
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
	Gross revenue						
မ္က 2	2 Cash prizes						
sesuedxi	3 Non-cash prizes						
_ , ,	Rent/facility costs						
당 ⁴ 일본 5	5 Other direct expenses						
	5 Volunteer labor	│ Yes%_ │ No	│ Yes	☐ Yes%			
7	•						
	Net gaining income summary con	ibilie illies 1, coluilli d, a	na inie /			Yes	No
	nter the state(s) in which the organiz s the organization licensed to operate				· 9a		
b I1	f "No," Explain						
	Vere any of the organization's gaming f "Yes," Explain	licenses revoked, susper	nded or terminated during	the tax year?	10a		
_ _ 1 D	Ooes the organization operate gaming	activities with nonmembe	ers?		11		
		ry or trustee of a trust or				i i	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493012007801

Open to Public

OMB No 1545-0047

Schedule I (Form 990)

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

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization	Employer identification number						
Cannon School Inc							
Part I General Infor	mation on Grants	and Assistance				•	
Does the organization m the selection criteria useDescribe in Part IV the organization	ed to award the grants	or assistance?			· -	•	▽Yes ┌ N
Form 990, Part	IV, line 21 for any i	O Governments and recipient that receive 0) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Tuition Financial Aid	141	927,811			
See Additional Data Table					

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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Financial aid awards are administered by the school and are used to offset charges to student accounts. No exchange of real funds ever takes place. The award is simply a credit towards the tuition balance.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493012007801

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Car	annon school inc	56-0935064					
Pa	art I Questions Regarding Compensation						
				Yes	Νo		
1a	Check the appropiate box(es) if the organization provided any of the following to or for 990, Part VII, Section A, line 1a Complete Part III to provide any relevant informati						
	First-class or charter travel Housing allowance or res	idence for personal use					
	Travel for companions Payments for business u	•					
	Tax idemnification and gross-up payments Health or social club due						
	Discretionary spending account Personal services (e.g., i	maid, chauffeur, chef)					
b	b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain						
2	Did the organization require substantiation prior to reimbursing or allowing expenses officers, directors, trustees, and the CEO/Executive Director, regarding the items che		2	Yes			
3	Indicate which, if any, of the following the organization uses to establish the compens organization's CEO/Executive Director Check all that apply						
	✓ Compensation committee ✓ Written employment conf ✓ Independent compensation consultant ✓ Compensation survey or						
		compensation committee					
	, Total 550 di other digunizations , Approvar by the board of	compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with ror a related organization	espect to the filing organization					
а	Receive a severance payment or change-of-control payment?		4a		No		
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		Νo		
С	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for e	each item in Part III					
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.						
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay compensation contingent on the revenues of	or accrue any					
а	The organization?		5a		Νo		
b	Any related organization?		5b		Νo		
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay compensation contingent on the net earnings of	or accrue any					
а	The organization?		6a		Νo		
b	Any related organization?		6b		Νo		
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III						
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a cont subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? in Part III		8		No		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedu	re described in Regulations			,		

section 53 4958-6(c)?

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

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Matthew Gossage	(I) (II)	304,290		47,313	24,342	22,800	398,745	
	•	•		•			•	

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
	·	The school provides the Head of School with grossed-up payments to reimburse the Head for tuition payments related to his children's attendance at Cannon. The School also provides the Head with a discretionary spending account that can be used for travel and other activities related to School business. Finally, the school also reimburses the Head for membership dues to his country club

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493012007801 Schedule K OMB No 1545-0047 (Form 990) Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a, Provide descriptions, explanations, and any additional information in Schedule O (Form 990). Open to Public ► Attach to Form 990. ► See separate instructions. Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number Cannon School Inc 56-0935064 **Bond Issues** (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer No Yes No North Carolina Capital Facilities Finance Agency 56-1592154 03-03-2010 9,035,000 Educational facility construction Х Х **Proceeds** Α В C D Ε Total proceeds of issue Gross proceeds in reserve funds 2 Proceeds in refunding or defeasance escrows 3 Other unspent proceeds Issuance costs from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Year of substantial completion 2010 Yes No Yes Yes Yes No Yes No Were the bonds issued as part of a current refunding issue? Х 9 Were the bonds issued as part of an advance refunding issue? Х 10 Has the final allocation of proceeds been made? Х 11 Does the organization maintain adequate books and records to support the 12 Х final allocation of proceeds? Part III **Private Business Use** В С Ε Α D Yes No Yes No No Yes No No Yes Yes Was the organization a partner in a partnership, or a member of an LLC, 1 Х which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property Х which may result in private business use? For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50193E Schedule K (Form 990) 2009

			Α		В		С		D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		Х								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		x								
Par	t IV Arbitrage										
	Yes	A No	Yes	B No	Yes	С	No	D Yes	No	E Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	×	ies	No	res		NO	res	No	ies	NO
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X									
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?	X									
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X									
5	Were any gross proceeds invested beyond an available temporary period?	Х									
6	Did the bond issue qualify for an exception to rebate?										

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493012007801

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Transactions with Interested Persons

Name of the organization Cannon School Inc.

Employer identification number

56-0935064

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

(a) Name of disqualified person 1

(b) Description of transaction

(c) Corrected?

Yes No

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

Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)O riginal principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?		
	То	From			Yes	No	Yes	No	Yes	No	
Matthew Gossage Home purchase		X	200.000	120.000		Νo	Yes		Yes		

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)A mount of grant or type of assistance

Business Transactions Involving Interested Persons.

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

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

Yes No

DLN: 93493012007801

Inspection

OMB No 1545-0047

Open to Public

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

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

NonCash Contributions

Name of the organization Cannon School Inc

Employer identification number

56-0935064

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	- etermı	nıng	
1	Art—Works of art	аррпсавіе		19				
	Art—Historical treasures							
	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
-	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock \cdot							
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							
	Scientific specimens							
	Archeological artifacts							
	Other ► (IT hardware)	X	5	47,325	fmv			
	O ther ►()							
	O ther ▶()							
	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29	-	ı	
20-	Dumpa the ware did the same		- h.,	untra management and Desire T. Liv	1 20 +		Yes	No
30a	During the year, did the organiza							
	must hold for at least three year				d to be used			
	for exempt purposes for the enti					30a		No_
	If "Yes," describe the arrangeme					_		
31	Does the organization have a gif	·		•		31		N o
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II							•
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009

Open to Public Inspection

Name of the orga Cannon School Inc	nizat ion		Employer identification number
			56-0935064
ldentifier	Return	Explanation	

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The School's Controller, Director of Finance, and Board Treasurer will review the draft 990 before it is submitted for final filing
Form 990, Part VI, Section B, line 12c		Trustees are required to review and sign this document annually. Currently, officers and key employees are not required to sign this document, but the school is studying the benefits of extending this policy to its officers & key employees. The Head of School's assistant collects all signed conflict of interest policies from trustees and reviews for any potential issues. These are collected from all new trustees as they change during the year.
Form 990, Part VI, Section B, line 15		The School has a Compensation Committee for its Head of School that undertook initial studies of comparability data to determine the Head's overall compensation. Additionally, the compensation is re-examined on a periodic basis to make the same determination. The school has a full-time HR Director that assists in pulling together compensation market data for any given position that the School is attempting to fill. This information is used as a guideline for arriving at the specific compensation level of the individual filling the position.
Form 990, Part VI, Section C, line 19		The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request
Form 990, Part XI, Line 2c	Oversight of audit	The Finance Committee oversees the selection of the audit firm and approval of the audited statements