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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493352008292 OMB No 1545-0047 **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) Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection and ending 06-30-2012 A For the 2011 calendar year, or tax year beginning 07-01-2011 D Employer identification number **B** Check if applicable CANNON SCHOOL INC Address change 56-0935064 Doing Business As E Telephone number Name change (704)786-8171Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 16,146,679 5801 POPLAR TENT ROAD Terminated Amended return City or town, state or country, and ZIP + 4 CONCORD, NC 28027 Application pending Name and address of principal officer H(a) Is this a group return for ┌ Yes ┌ No affiliates? 5801 POPLAR TENT ROAD CONCORD, NC 28027 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ► Website: ► WWW CANNONSCHOOL ORG K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1968 M State of legal domicile NC Part I Summary 1 Briefly describe the organization's mission or most significant activities CANNON SCHOOL WAS FOUNDED IN 1968 AND IS A NON-PROFIT, INDEPENDENT SCHOOL THAT FOCUSES ON THE INDIVIDUAL STUDENT THE SCHOOL OCCUPIES A 65-ACRE CAMPUS JUST OFF THE I-85 CORRIDOR IN CONCORD, NC APPROXIMATELY 878 STUDENTS WERE ENROLLED AT THE SCHOOL DURING THE FISCAL YEAR 2012 IN GRADES JUNIOR KINDERGARTEN THROUGH 12TH GRADE CANNON ENCOURAGES STUDENTS TO STRETCH TO THEIR FULLEST POTENTIAL AND BECOME ENGAGED STUDENTS AND OUTSTANDING CITIZENS CANNON'S LOWER SCHOOL STRESSES ACADEMIC EXCELLENCE, WITH A BALANCE OF ENRICHMENT OPPORTUNITIES AND AN EMPHASIS ON CHARACTER Activities & Governance DEVELOPMENT CANNON'S MIDDLE SCHOOL PROVIDES A CLIMATE FOR EMERGING YOUNG ADULTS TO NURTURE THEIR LOVE OF LEARNING, STRENGTHEN THEIR SELF CONCEPT, AND EXPLORE EXTRACURRICULAR ACTIVITIES CANNON'S UPPER SCHOOL DEDICATES ITSELF TO DEVELOPING TEACHING PRACTICES AND CURRICULUM THAT EQUIP STUDENTS TO LEARN HOW TO LEARN AND IS BASED ON A TRADITIONAL COLLEGE PREPARATORY CURRICULUM 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . 21 4 Number of independent voting members of the governing body (Part VI, line 1b) . 21 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . 5 268 6 30 6 Total number of volunteers (estimate if necessary) . . . . 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . **b** Net unrelated business taxable income from Form 990-T, line 34 . . . **7**b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . . . . 844,449 630,972 9 Program service revenue (Part VIII, line 2g) . . . . . . 13,428,700 15,121,411 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 100,607 201,967 10 77,925 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 74,482 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 14,448,238 16,032,275 991,588 1,885,254 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 9,118,548 9,317,663 5-10) Professional fundraising fees (Part IX, column (A), line 11e) . . . . 0 16a Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$  424,235 b **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . 4,064,071 4,612,988 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 14,174,207 15,815,905 274,031 19 Revenue less expenses Subtract line 18 from line 12 . 216,370 Not Assets or Fund Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . . . . . . . . . . 31,003,725 31,134,797 21 15,074,456 15,372,565 Net assets or fund balances Subtract line 21 from line 20 . . . . . 15,929,269 22 15,762,232 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any 2012-12-14 Signature of officer Date Sign Here STEVE JONES DIRECTOR, BUSINESS & FINANCE Type or print name and title Date Check If Preparer's taxpayer identification number Preparer's JANICE A RATICA (see instructions) sıgnature Paid P00358837 employed 🕨 Preparer's CHERRY BEKAERT & HOLLAND LLP Firm's name (or yours EIN > 56-0574444 ıf self-employed), **Use Only** address, and ZIP + 41111 METROPOLITAN AVENUE SUITE 1000 Phone no 🕨 (704) 377-1678 CHARLOTTE, NC 28204 May the IRS discuss this return with the preparer shown above? (see instructions) . ▼ Yes 「

Form 990

Department of the Treasury

1 0111	1990 (2011)				Page Z
Par	Statement of Program Check if Schedule O contains				r
1	Briefly describe the organization's r				<u> </u>
PRO	VISION OF A QUALITY K-12 EDUC		WITHIN A SAFE, DIV	VERSE, AND CHALLENGIN	G ENVIRONMENT
2	Did the organization undertake any the prior Form 990 or 990-EZ? .				┌ Yes ┌ No
	If "Yes," describe these new service	s on Schedule O			
3	Did the organization cease conducti services?			nducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes on	Schedule O			
4	Describe the organization's program expenses Section 501(c)(3) and 50 grants and allocations to others, the	1(c)(4) organizations	and section 4947(a)(	(1) trusts are required to re	
4a	(Code ) (Expenses PRIMARY AND SECONDARY EDUCATION W APPROXIMATELY 878 STUDENTS DURING F	HICH BENEFITS STUDENTS	including grants of \$ WITHOUT REGARD TO RAC	1,885,254 ) (Revenue \$ CE, RELIGION OR NATIONAL ORIG	15,175,411 ) IN THE SCHOOL SERVED
4b	(Code ) (Expenses	\$	ıncludıng grants of \$	) (Revenue \$	)
<b>4</b> c	(Code ) (Expenses	\$	including grants of \$	) (Revenue \$	)
4d	Other program services (Describe		ф.	)/Payanus #	``
_	(Expenses \$	including grants of		) (Revenue \$	)
4e	Total program service expenses►\$	12,904,24	•		

	•		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 (see instructions)? 📆	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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? If "Yes," complete Schedule D, Part II	7		Νo
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
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		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
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 and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par <sup>®</sup>	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<sup>In</sup> <b>21</b>		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
	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		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		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	:h <b>25a</b>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? It "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, of 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, substantic contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	al <b>27</b>	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part I instructions for applicable filing thresholds, conditions, and exceptions)	v		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) wa an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part $I$	33		No
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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13	)? <b>35a</b>		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> 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	Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	. [	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	<b>1a</b> 51			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
_		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
<del>1</del> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities	4a		No
	account)?			
Ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5-a	Was the organization a party to a prohibited toy chalter transaction of any time divine the tay was 2	E-		NI a
5a _	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
D	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		
_	5	5c		
5a	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		Νo
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
U	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	7a		Νo
_	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No_
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization 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
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h	Yes	
3	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	ı		
	business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	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			
l1	Section 501(c)(12) organizations. Enter			
а	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 )			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	124		
ט	year 12b			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
ĮL.	allocated to each state			
D	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
_	13c			
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Voc " has it filed a Form 730 to report these payments? If "No " provide an explanation in Schodulo O	1.46		

**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
		1		
	Enterphy wombon of outron wombon of the accommon back of the term.	1		
1a	Enter the number of voting members of the governing body at the end of the tax year	1		
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			110
	more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
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		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
40-	Ded the consequence have been been been been as well be a 2	40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12</b> c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
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)			

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 made these available. Check all that apply

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made 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 WHIT BROWN
  5801 POPLAR TENT ROAD

CONCORD, NC 28027 (704) 786-8171

# t VII 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

- ◆ 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, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- ◆ List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ 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

<b>(A)</b> Name and Title	(B) A verage hours per week (describe	(C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) RUSS ANDREWS TRUSTEE	1 00	х						0	0	0
(2) KRISTIN BAKER TRUSTEE	1 00	Х						0	0	0
(3) BOB BRATTON TRUSTEE	1 00	х						0	0	0
(4) FRED BRYANT TRUSTEE	1 00	Х						0	0	0
(5) CHRIS GRUBER TRUSTEE	1 00	х						0	0	0
(6) TOM KABASAKALIAN TRUSTEE	1 00	Х						0	0	0
(7) GERALD KURTZ TRUSTEE	1 00	Х						0	0	0
(8) AMY LOVETT TRUSTEE	1 00	Х						0	0	0
(9) RANDY MCVANE TRUSTEE	1 00	Х						0	0	0
(10) GEORGE MENNEN JR TRUSTEE	1 00	Х						0	0	0
(11) SHARIF METWALLI TRUSTEE	1 00	х						0	0	0
(12) JOHN PHILLIPS JR TRUSTEE	1 00	х						0	0	0
(13) KIM REYNOLDS TRUSTEE	1 00	х						0	0	0
(14) JOHN ROSSITCH TRUSTEE	1 00	х						0	0	0
(15) ANN SAUNDERS TRUSTEE	1 00	х						0	0	0
(16) RICHARD SCHACHNER JR TRUSTEE	1 00	х						0	0	0
(17) ANTHONY SPARROW TRUSTEE	1 00	Х						0	0	0

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

(A) Name and Title		(B) A verage hours per week (describe	Average hours per unless person is both week (describe hours)  (describe hours   Position (do not check more than one box, compensation from the an officer and a director/trustee)  (describe hours   Position (do not check Reportable compensation from the organization (W- organizations)  (describe   Quinciple   Quinci									(F) Estimate amount of compens from the organization relate		
		for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	o	reiate rganiza		
(18) :	SUSAN SCHNEIDER R	1 00	х		×				0	(			0	
	TIM TYSINGER CHAIR	1 00	х		х				0	(			0	
	DAVID POWELL SURER	1 00	х		х				0	(			0	
	LISA LIVINGSTON ETARY	1 00	х		х				0	(			0	
	MATTHEW GOSSAGE OF SCHOOL	40 00			х				343,755	(			37,251	
	STEPHEN JONES CTOR, BUSINESS & FINANCE	40 00			х				122,663	(			14,313	
1b	Sub-Total				٠.	٠.	<u> </u>	<u> </u>						
С	Total from continuation sheets	to Part VII, Sec	tion A			•		<b>&gt;</b>						
d	Total (add lines 1b and 1c) .						•	•	466,418	0			51,564	
2	Total number of individuals (incl \$100,000 of reportable compen					sted	above	) who	o received more tha	n				
												Yes	No	
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sch				ee, k •	eye	mploy •	ee, 0	or highest compens	•	3		N o	
4	For any individual listed on line : organization and related organiz									ch	4	Yes		
5	Did any person listed on line 1a services rendered to the organiz								=	r individual for	5		No	
_Se	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from	hıghest comper												

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
CAROLINA CLEANING SOLUTIONS PO BOX 1167 KANNAPOLIS, NC 28082	JANITORIAL CONTRACTOR	183,180
916 WEST STH STREET STILLE 200	ARCHITECHTURAL DESIGN SERVICES	145,882
2. Total number of independent contractors (including but not limited to these listed above)		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  $\blacktriangleright$ 2

Form 99	•							Page <b>9</b>
Part \	<u>/1111</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
\$ \$	1a	Federated cam	paigns 1a					
필드	b	Membership du	es <b>1b</b>					
o°.	c	Fundraising eve	ents <b>1c</b>					
#E	d	Related organiz	zations 1d					
Ξ̈́	e	Government grants	s (contributions) <b>1e</b>					
tior ≅	f	All other contribution	ons, gifts, grants, and <b>1f</b>	630,972		İ		
ê₹	g	Noncash contri	butions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$	3,284 					
ठ ह	h	Total. Add lines	s 1 a - 1 f	· · · •	630,972			
<u>a</u>				Business Code				
Ke II	2a	TUITION AND FEES	<u> </u>	900099	13,802,263	13,802,263		
22	b	OTHER AUXILIARY	ACTIVI	900099	570,223	570,223		
956	C	TRANSPORTATION	FEES	900099	333,011	333,011		
S.	d	BEYOND THE BELL	FEES	900099	249,424	249,424		
Program Service Revenue	e	CAMP CANNON FEI		900099	166,490	166,490		
i Do	f	All other progra	am service revenue					
<u>*</u>	g	Total. Add lines	s 2a – 2f		15,121,411			
	3		ome (including dividen					
			ar amounts)	F	141,016			141,016
	4		stment of tax-exempt bond	proceeds				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	23,925	(II) I ersonal				
	b	Less rental	0					
	<sub>c</sub>	expenses Rental income	23,925					
	d	or (loss)	me or (loss)		23,925			23,925
	"	Nec rental medi	(ı) Securities	(II) Other	,			,
	7a	Gross amount from sales of assets other	172,956	2,399				
	ь	than inventory Less cost or other basis and sales expenses	93,267	21,137				
	C	Gain or (loss)	79,689	-18,738				
	d	Net gain or (los		▶	60,951			60,951
anne	8a	Gross income f events (not inc	luding					
Other Revenue			s reported on line 1c) ne 18 a					
the	b		penses b					
0	C		(loss) from fundraising	events 🟲   I				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	b c		penses <b>b</b> (loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	b		oods sold <b>b</b>					
	С		(loss) from sales of inv					
	11a	Miscellaneous		Business Code 900099	54,000	54,000		
	ь	OTHER REVEN	IUE	300039	34,000	34,000		
	c			-				
	d	All other reven	ue	+				
	e	Total. Add lines		·				
	12		See Instructions .	<b>▶</b>	54,000			
	ı			L	16,032,275	15,175,411	0	225,892

23

25

Form 990 (2011) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 1,885,254 1,885,254 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 517,982 517,982 key employees . . . 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 7,224,402 6,387,231 578,111 259,060 Pension plan contributions (include section 401(k) and section 487,872 400,974 70,175 403(b) employer contributions) . . . . 16,723 515,739 425,207 76,567 Other employee benefits . . . . . . 13,965 571,668 471,955 80,894 18,819 10 Fees for services (non-employees) 11 Management . . . . . 53,574 53,574 Legal . . . . . . . . . . Accounting . . . . . . . Lobbying . . . . . . . . . . . . Professional fundraising See Part IV, line 17 . . Investment management fees . . . . . . 28,395 28,395 81,278 81,278 g 65,381 Advertising and promotion . . . 130,761 65,380 12 Office expenses . . . . 155,873 51,906 13 103,967 94,134 46,996 Information technology . . . . . 141,130 Royalties . . 793,386 585,374 208,012 

95,113

15,815,905

63,440

12,904,245

31,673

2,487,425

Total functional expenses. Add lines 1 through 24f

SOP 98-2 (ASC 958-720) Complete this line only if the

Joint costs. Check here ► 🗆 If following

424,235

Part X **Balance Sheet** (A) (B) Beginning of year End of year 6,252,458 5,336,128 1 1 3.276.547 5.097.545 2 2 Savings and temporary cash investments . . . . . . . 3 728,329 353,642 3 585.787 4 516.523 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 100.000 5 80.000 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 7 28.154 8 18.441 9 140,989 169,981 Prepaid expenses and deferred charges . . . . . . 10a 25,030,742 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 9,345,757 10c b Less accumulated depreciation . . . . . 16,045,736 15,684,985 11 11 3,811,909 12 3,756,211 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 89,514 65,643 15 15 31,003,725 31, 134, 797 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 636,373 875,290 17 17 Accounts payable and accrued expenses . 18 18 19 5,490,003 19 5,630,712 20 8.190.000 20 7.745.000 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . 29,961 24 17,378 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 728,119 25 1,104,185 D . . . . 26 15,074,456 26 15,372,565 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 14,201,733 27 Unrestricted net assets . . . . 14,371,401 682,478 28 278,383 28 Temporarily restricted net assets . . . . . Fund 29 1,045,058 29 1,112,448 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 15.929.269 33 15.762.232 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 31.003.725 34 31.134.797

Pal	Check if Schedule O contains a response to any question in this Part XI			. [	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		16.0	32,27
2	Total expenses (must equal Part IX, column (A), line 25)	2			315,90
3	Revenue less expenses Subtract line 2 from line 1	3		2	216,37
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		15,9	929,26
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 3	383,40
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		15,7	762,23
Par	<b>TXII</b> Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII		•	୮	
		-		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		No
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 is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	sued			
За	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 reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

**Employer identification number** 

OMB No 1545-0047

Inspection

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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.

Name of the organization CANNON SCHOOL INC

		56-0935064											
	rt I			blic Charity Sta						structions			
The c	rganı	zatıon ıs	not a privat	e foundation becaus	eitis (Forl	ınes 1 throu	gh 11, check	only one bo	x )				
1	Γ	A chur	ch, conventi	on of churches, or as	ssociation of	churches <b>s</b>	ection 170(b	)(1)(A)(i).					
2	굣	A scho	ol described	in <b>section 170(b)(1</b>	. <b>)(A)(ii).</b> (At	tach Schedı	ıle E)						
3	$\sqcap$	A hosp											
4	Γ		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state										
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
6	_		. , , , ,	local government or	•	al unit docc	ribad in <b>cacti</b>	on 170/b\/1	\( <b>^</b> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
7	<u>'</u>									the sens	طييم لمي	اما	
,	1	describ	oed in	at normally receives  A)(vi) (Complete P		ii part or its	support from	a governme	ntai unit or ir	om the gene	гат риб	IIC	
8	$\sqcap$	A comr	munity trust	described in <b>section</b>	170(b)(1)( <i>i</i>	<b>A)(vi)</b> (Con	nplete Part II	)					
9	$\sqcap$	Anorga	anızatıon tha	at normally receives	(1) more th	an 331/3% d	of its support	from contrib	outions, mem	bership fees	, and g	ross	
		receipt	s from activ	ities related to its ex	xempt function	ons—subject	t to certain e	xceptions, a	nd (2) no mo	re than 331/	3% of		
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less s	section 511 t	tax) from bu	sinesse	:S	
		acquire	ed by the org	janization after June	30,1975 S	ee <b>section</b> 5	<b>509(a)(2).</b> (C	omplete Par	tIII)				
10	$\sqcap$	Anorga	anızatıon org	ganized and operated	d exclusively	to test for p	oublic safety	See <b>section</b>	509(a)(4).				
11	Γ	one or the box	more public	ganized and operated y supported organiz bes the type of supp <b>b</b> Type I	ations descri orting organi	ibed in secti i <u>za</u> tion and d	on 509(a)(1)	or section ! s 11e throug	509(a)(2) Se gh 11h	ee section 50	09(a)(3	3). Check	
e	Γ	other tl	-	ox, I certify that the on managers and otl	_		-		· · · · · · · · · · · · · · · · · · ·	•			
f				received a written de	etermination	from the IR:	S that it is a	Type I. Type	e II or Type I	II supportir	a oraar	nization.	
			this box					,, , ,,	, ,		5 5	广	
g				2006, has the organi	zation accep	ted any gift	or contributi	on from any	of the				
			ng persons?	rectly or indirectly c	ontrole autho	aralone orte	ogether with	narcone das	cribed in (ii)		Ye	s No	
				governing body of th				persons des	cribed iii (ii)	11g		5 140	
				er of a person descri			icion.			11g(		+	
			-	led entity of a perso			hovo2			11g(		+	
h				ng information about						119(	,		
••		riovide	e the followin	ig illioilliation about	the supporte	su organizaci	1011(3)						
(i) Name of supported organizatio		e of rted	(ii) EIN	(iii)  Type of organization (described on lines 1- 9 above or IRC section (see	(iv)  Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		Am	(vii) nount of pport?	
				instructions))	Yes	No	Yes	No	Yes	No			

Total

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b>
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

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

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> 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. Also complete this part for any additional information. (See instructions).							
	Facts And Circumstances Test							
	Explanation							

Schedule A (Form 990 or 990-EZ) 2011

# **Additional Data**

Software ID: Software Version:

**EIN:** 56-0935064

Name: CANNON SCHOOL INC

Form 990, Special Condition Description:

**Special Condition Description** 

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

DLN: 93493352008292

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

**Inspection** 

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number CANNON SCHOOL INC 56-0935064 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year 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 historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶\_

Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year -Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Par	Organizations Maintaining Colle	ctions of Art, H	ISTOI	<u>icai ir</u>	<u>easures, c</u>	r Otne	er Similar As	sets (co	<u>ontinuea)</u>
3	Using the organization's accession and other reitems (check all that apply)	cords, check any of	the fo	ollowing t	hat are a sıgı	nificant i	use of its collect	tion	
а	Public exhibition	d	Г	Loand	r exchange p	rograms	5		
b	Scholarly research	e		Other					
С	Preservation for future generations								
4	Provide a description of the organization's colle- Part XIV	ctions and explain h	ow th	ey furthe	r the organiza	ition's e	xempt purpose	n	
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to b							┌ Yes	□ No
Pai	t IV Escrow and Custodial Arrangem Part IV, line 9, or reported an amou	nents. Complete	ıf the	organı	zation answ				, 110
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?	or other intermedia	ry for	contribu	ions or other	assets		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV as	nd complete the follo	owing	table			Δn	nount	
С	Beginning balance					1c	A	iount .	
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Form	990 Part V line 2	1 2					┌ Yes	
	If "Yes," explain the arrangement in Part XIV	JJO, Falc X, fille 2.						, ies	, 140
	rt V Endowment Funds. Complete if the	ne organization a	nswe	red "Yes	s" to Form 9	990. Pa	rt IV. line 10.		
			( <b>b)</b> Prio		(c)Two Years		I)Three Years Back	<b>(e)</b> Four `	Years Back
1a	Beginning of year balance	3,754,924		3,064,129	•	34,413	3,374,348		
b	Contributions	89,390		77,469		52,158	16,100		
C	Investment earnings or losses	-48,099		645,210	39	9,254	-573,835		
d	Grants or scholarships	72.056		24 004		2 500	22.22		
е	Other expenditures for facilities and programs	72,956		31,884		23,699	32,200		
f	Administrative expenses	2 722 250		2.754.024	2.22	2.426	2.704.442		
g	End of year balance	3,723,259		3,754,924	3,22	22,126	2,784,413		
2	Provide the estimated percentage of the year er								
а	Board designated of quasi-endowment	000%							
b	Permanent endowment ► 30 000 %								
С	Term endowment ▶								
3a	Are there endowment funds not in the possession organization by	on of the organizatio	n that	are held	and adminis	tered for	the	Yes	T No
	(i) unrelated organizations						3a(		No No
	(ii) related organizations						3a(		No
b	If "Yes" to 3a(II), are the related organizations I	isted as required or	Sche	edule R?			31	<b>,</b>	
4	Describe in Part XIV the intended uses of the o								
Par	t VI Land, Buildings, and Equipment	. See Form 990,	Part :	X, line 1	0.				
	Description of property			a) Cost or o		or other (other)	(c) Accumulated depreciation	( <b>d</b> ) Bo	ook value
1a	Land					501,819			501,819
b	Buildings				19	9,945,277	7,604,76	9 1	12,340,508
c	Leasehold improvements								
d	Equipment					1,566,146	1,740,98	8	2,825,158
	Other					17,500			17,500
Tota	I. Add lines 1a-1e (Column (d) should equal Form	990, Part X, column (	B), Iir	e 10(c).)			•	1	15,684,985

Part VIII Investments—Other Securities. Sec	e Form 990, Part X, line 12	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of the of year market value
(2)Closely-held equity interests		
(3)Other		
(A) EQUITIES	706,321	F
(B) MUTUAL FUNDS - EQUITIES	1,814,251	F
(C) MUTUAL FUNDS - FIXED INCOME	1,291,337	F
· ·		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>3</b> ,811,909	
Part VIII Investments—Program Related. S		
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) becompared as misself experience type	(2) 2001. Turus	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<b>*</b>	
Part IX Other Assets. See Form 990, Part X,		
(a) Desc	rıptıon	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15)	
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of Liability	(b) Amount	
Federal Income Taxes		
VALUATION OF DERIVATIVE INSTRUMENT	888,462	
CAPITAL LEASES	215,723	
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,104,185	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,032,27
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,815,90
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	216,370
4	Net unrealized gains (losses) on investments	4	-196,37
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-187,03
9	Total adjustments (net) Add lines 4 - 8	9	-383,40
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-167,03
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	13,735,219
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d -2,072,289		
e	Add lines 2a through 2d	2e	-2,268,66
3	Subtract line <b>2e</b> from line <b>1</b>	3	16,003,880
4	A mounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 28,395		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	28,39!
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	16,032,27
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	13,902,256
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
– a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	(
3	Subtract line <b>2e</b> from line <b>1</b>	3	13,902,250
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		· , , , , , , , , , , , , , , , , , , ,
а	Investment expenses not included on Form 990, Part VIII, line 7b   4a   28,395		
ь	Other (Describe in Part XIV)	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	1,913,64
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	15,815,90
Do	T-YIV Supplemental Information		

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

#### Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MANAGEMENT HAS EVALUATED THE EFFECT OF FINANCIAL ACCOUNTING STANDARDS BOARD GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS BY PRESCRIBING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE SCHOOL'S POLICY IS TO RECORD A LIABILITY FOR ANY TAX POSITION TAKEN THAT IS BENEFICIAL TO THE SCHOOL, INCLUDING ANY RELATED INTEREST & PENALTIES, WHEN IT IS MORE LIKELY THAN NOT THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO A TRANSACTION OR CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION MANAGEMENT BELIEVES THERE ARE NO SUCH POSITIONS AS OF JUNE 30, 2012 AND 2011, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN FAIR VALUE OF SWAP -325,950 ADJUSTMENT TO PLEDGES RECEIVABLE VALUE 138,915 TOTAL TO SCHEDULE D, PART XI, LINE 8 -187,035
PART XII, LINE 2D - OTHER ADJUSTMENTS		FINANCIAL AID AND SCHOLARSHIPS SHOWN NET OF TUITION ON FINANCIALS -1,885,254 CHANGE IN FAIR VALUE OF SWAP -325,950 ADJUSTMENT TO PLEDGES RECEIVABLE VALUE 138,915
PART XIII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID AND SCHOLARSHIPS SHOWN NET OF TUITION ON FINANCIALS 1,885,254

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As Filed Data -

DLN: 93493352008292

OMB No 1545-0047

# **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

**Schools** 

Name of the organization CANNON SCHOOL INC

**Employer identification number** 56-0935064 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Νo 6a 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? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

### Part II Supplemental Information

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

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE NORTH CAROLINA ASSOCIATION OF INDEPENDENT SCHOOLS (NCAIS) PUBLISHES A NON-DISCRIMATION STATEMENT ON BEHALF OF ALL ITS MEMBER ORGANIZATIONS IN EACH SCHOOL'S REGIONAL/LOCAL CHAPTER AND CANNON IS A MEMBER OF THIS ORGANIZATION

Schedule E (Form 990 or 990-EZ) 2011

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DLN: 93493352008292

OMB No 1545-0047

**Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States

**Inspection** 

Department of the Treasury Internal Revenue Service

Schedule I

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

Name of the organization Employer identification number CANNON SCHOOL INC 56-0935064 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) 

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>(b)</b> Number of recipients	<b>(c)</b> 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
(1) FINANCIAL AID	166	1,885,254			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	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

Schedule I (Form 990) 2011

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DLN: 93493352008292

OMB No 1545-0047

Open to Public

#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Compensation Information** 

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

► Attach to Form 990. ► See separate instructions.

Inspection **Employer identification number** 

CANNON SCHOOL INC 56-0935064 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use 굣 Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g, maid, chauffeur, chef) 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 Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Yes 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 each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III 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 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

#### 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)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(i) Base compensation (ii) Bonus & (iii) Other reportable compensation compensation (iii) Bonus & (iiii) Other reportable compensation compensation		SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ
(1) MATTHEW GOSSAGE	(I) (II)	343,755 0	0 0	0	19,600 0	17,651 0	381,006 0	0 0
-								
-								
-								
-								
-								
-								

#### Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	1A	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 SCHOOL THE SCHOOL ALSO REIMBURSES THE HEAD FOR MEMBERSHIP DUES TO HIS COUNTRY CLUB, WHICH HE USES, IN PART, FOR BUSINESS PURPOSES THE AMOUNT OF THE COUNTRY CLUB DUES IS INCLUDED IN THE HEAD'S FORM W-2 WAGES ON OCCASION, THE HEAD OF SCHOOL TRAVELS WITH HIS SPOUSE FOR OUT OF TOWN CONFERENCES HE UTILIZES FUNDS FROM HIS DISCRETIONARY ACCOUNT TO PAY FOR HIS OWN PROFESSIONAL DEVELOPMENT IN ADDITION TO THE COST FOR HIS SPOUSE TO TRAVEL WITH HIM
	•	THE HEAD OF SCHOOL, MATTHEW GOSSAGE, PARTICIPATES IN A 457 NON-QUALIFIED DEFERRED COMPENSATION PLAN THE SCHOOL DOES NOT

Schedule J (Form 990) 2011

Schedule K

**Supplemental Information on Tax Exempt Bonds** 

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

OMB No 1545-0047

2011

DLN: 93493352008292

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

► Attach to Form 990. ► See separate instruction

Employer identification number

	or the organization									Employer identification number					
CAN	INON SCHOOL INC								5	6-093	5064				
Pa	rt I Bond Issues	,		_											
	(a) Issuer Name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date Issued	(e) Issue Pric	e <b>(f</b>	(f) Description of Purpose		(g) Defeased		(h) On ased Behalf of Issuer		(i) Pool financing		
									Yes	No	Yes	No	Yes	No	
A	NC CAPITAL FACILITIES FINANCE AGENCY	56-1592154	65818PBY4	03-03-2010	9,035,0		JNDING OF FA			X		х	ļ	×	
Pa	rt III Proceeds			•			1				•				
1	A mount of bonds retired				<b>A</b>	9,035,00	-	3		С		D			
2	A mount of bonds defeased														
3	Total proceeds of issue				g	00,35,00	0								
4	Gross proceeds in reserve fu	nds													
5	Capitalized interest from prod	eeds													
6	Proceeds in refunding escrow	ı													
7	Issuance costs from proceed	ls													
8	Credit enhancement from pro	ceeds													
9	Working capital expenditures	from proceeds													
10	Capital expenditures from pro	oceeds													
11	Other spent proceeds														
12	Other unspent proceeds														
13	Year of substantial completion	n			201	0		•				•			
					Yes	No	Yes	No	Yes		No	Yes	$\perp$	No	
14	Were the bonds issued as pai	rt of a current refund	ding issue?		×										
15	Were the bonds issued as pai	rt of an advance refu	unding issue?			Х									
16	16 Has the final allocation of proceeds been made?														
Does the organization maintain adequate books and records to support the final allocation of proceeds?					Х										
Par	t IIII Private Business l	Use													
					A			3		C			D		
1	Was the organization a partne property financed by tax-exe	er in a partnership, o mpt bonds?	or a member of an l	LLC, which owned	Yes	No	Yes	No	Yes		No	Yes	+	No	
2	Are there any lease arrangen									$\top$					

financed property?

	edule K (Form 990) 2011									Page <b>2</b>
Par	Private Business Use (Continued)				В	<u> </u>		С	$\overline{}$	D
			Yes	No	Yes	No	Yes	No	Yes	No
3 <b>a</b>	Are there any management or service contracts that may result in private use?	business								
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the find property?									
С	Are there any research agreements that may result in private business us financed property?	e of bond-								
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use bother 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 a unrelated trade or business activity carried on by your organization, anoth 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 er post-issuance compliance of its tax-exempt bond liabilities?	sure the								
Pai	t IV Arbitrage	_								
		A			В		с		D	Π
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?	Yes	X	Yes	No	Y	es	No	Yes	No No
2	Is the bond issue a variable rate issue?	X								
 3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		Х							
b	Name of provider				L		<u> </u>			
С С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									
	Were gross proceeds invested in a GIC?		X							
b	Name of provider									
	Term of GIC									
	Was the regulatory safe harbor for establishing the fair market									
-	- · · · · · · · · · · · · · · · · · · ·		1	1				ı	,	

# Part V Procedures To Undertake Corrective Action

Did the bond issue qualify for an exception to rebate?

Were any gross proceeds invested beyond an available temporary

Χ

#### Part VI Supplemental Information

value of the GIC satisfied?

5

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

Identifier Return Reference Explanation

Χ

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DLN: 93493352008292

OMB No 1545-0047

#### Schedule L

Department of the Treasury

(Form 990 or 990-EZ)

# **Transactions with Interested Persons**

► 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.

Open to Public

Internal Revenue Service Inspection Name of the organization **Employer identification number** CANNON SCHOOL INC 56-0935064

Part I Excess Benefit Tran Complete if the organizat							organı		only).	ıne 40b			
1 (a) Name of disq											(c) Corrected?		
										Yes	No		
<ul> <li>2 Enter the amount of tax impos section 4958</li> <li>3 Enter the amount of tax, if any</li> <li>Part II Loans to and/or I</li> </ul>	, on line	 2, abov		by th	e organization .			<b>&gt;</b>	· \$ · \$				
Complete if the organiz	zation a	nswered	l "Yes" on Form	n 990	, Part IV, line 26	, or For	m 990-E			а			
(a) Name of interested person and purpose	or fro	oan to m the zation?	(c)Origina principal amo		(d)Balance due	(e) defa		(f) Approved by board or committee?			(g)Written agreement?		
	То	From				Yes	No	Yes	No	Yes	No		
(1) MATTHEW GOSSAGE THE LOAN WAS A HIRING INCENTIVE THAT WAS USED FOR THE PURCHASE OF A HOME		×	200	0,000	80,000		No	Yes		Yes			
Total			<u> ▶</u>	\$	80,000						<u> </u>		
Part III Grants or Assistar Complete if the orga						lino	77			l			
(a) Name of interested pers			Relationship l	betwe	en interested per			nount of a	rant or t	ype of assı	stance		
(1) MATTHEW GOSSAGE		MA <sup>-</sup>			janization S THE HEAD OF		(-)			, pe el uee.			
		SCH	OOL FOR THE	E O R C	GANIZATION	$\dashv$					35,0		

Part IV Business Transactions I Complete if the organization			ne 28a, 28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	organization			Yes	No	

### Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493352008292

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

▶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>(b)</b> Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of d contribution	etermı	_	
1	Art—Wo	orks of art			_				
2	Art—Hi	storical treasures .							
3	Art—Fr	actional interests							
4	Books	and publications							
5	Clothin goods	g and household							
6	Cars ar	nd other vehicles							
7	Boats a	and planes							
8	Intelled	ctual property							
		ies—Publicly traded .							
		ies—Closely held stock .							
11		ies—Partnership, LLC,							
12		t interests ies—Miscellaneous							
	Q ualıfıe contrib	ed conservation oution—Historic							
14	Qualifie	ures							
15		tate—Residential .							
		tate—Commercial							
		tate—Other							
18	Collect	ıbles							
19	Food in	ventory							
20	Drugs a	and medical supplies .							
21	Taxıder	rmy							
22	Historia	cal artıfacts							
23	Scientif	fic specimens							
24	Archeo	logical artifacts							
		COMPUTER SOFTWARE & KITCHEN							
		· ( <u>EQUIP</u> )	Х	2	33,284	FAIR MARKET VAL	UE		
		·()							
		·()							
	Other▶	`							
29				anızatıon durıng the tax ye 3283, Part IV, Donee Ackr		29	-	<b> </b>	
30-	Durina	the year did the argari	tion receive	a hy contribution any pro-	erty reported in Part I, lines	1_28 +ha+ +		Yes	No
SUA									
					on, and which is not require	a to be used			No
L		empt purposes for the entil					30a		No
о 31		s," describe the arrangeme the organization have a gif			review of any non-standard	contributions?	31	Yes	
					to solicit, process, or sell i			İ	
JZA		outions?	· ·	· · · · · · ·	· · · · · · · · ·		32a		No
b	If "Yes	s," describe in Part II							
33		organization did not report be in Part II	revenuesı	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) 2011

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As Filed Data -

DLN: 93493352008292

**Employer identification number** 

| E6 003E064

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization CANNON SCHOOL INC

CHANGES IN NET

ASSETS OR

**BALANCES** 

**FUND** 

FORM 990,

PART XI, LINE 5

383,407

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

		30-0933004
ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	TRUSTEES ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY 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 DURING THE COURSE OF THE YEAR, ANY TRUSTEE WITH A POTENTIAL CONFLICT RECUSES HIMSELF/HERSELF FROM DISCUSSIONS AND/OR VOTES
	FORM 990, PART VI, SECTION B, LINE 15	THE SCHOOL HAS A COMPENSATION COMMITTEE (COMPOSED OF INDEPENDENT TRUSTEES) FOR ITS HEAD OF SCHOOL THAT UNDERTOOK INITIAL STUDIES OF COMPARABILITY DATA TO DETERMINE THE HEAD'S OVERALL COMPENSATION THE COMPENSATION DETERMINATION PROCESS IS DOCUMENTED IN THE MEETING MINUTES ADDITIONALLY, THE COMPENSATION IS RE-EXAMINED ON A PERIODIC BASIS TO ENSURE REASONABLENESS THE SCHOOL HAS A FULL-TIME HUMAN RESOURCE DIRECTOR THAT ASSISTS IN PULLING TOGETHER COMPENSATION MARKET DATA FOR ALL OTHER POSITIONS
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

NET UNREALIZED LOSSES ON INVESTMENTS -196,372 CHANGE IN FAIR VALUE OF SWAP-325,950

ADJUSTMENT TO PLEDGES RECEIVABLE VALUE 138,915 TOTAL TO FORM 990, PART XI, LINE 5 -