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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

Openito Public

A F	or the	2012 calendar year, or tax year beginning JUN 1, 2012 and	ending M	IAY 31, 201	.3				
B c	heck if	C Name of organization		D Employer ident					
	Address change	THE PIEDMONT SCHOOL, INC.							
	Name change	Doing Business As		<b>1</b> 56-	-1336200				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/surte	E Telephone number					
	Termin- ated	815 OLD MILL ROAD		(336)883-0992					
	Amende return	City, town, or post office, state, and ZIP code		G Gross receipts \$	684,242.				
	Applica-	HIGH POINT, NC 27265-9679	<u> </u>	H(a) Is this a group	preturn				
	pending	F Name and address of principal officer:LOUISE FOSTER		for affiliates?	Yes X No				
		SAME AS C ABOVE		H(b) Are all affiliates	included? Yes No				
		npt status: X 501(c)(3) 501(c) ( )	or 527	If "No," attach	n a list. (see instructions)				
		HTTP://WWW.THEPIEDMONTSCHOOL.COM	·	H(c) Group exemp					
		rganization: X Corporation	L Year	of formation: 1990	M State of legal domicile; NC				
Pa		Summary							
e		nefly describe the organization's mission or most significant activities: THE							
Jan		O TEACH, TUTOR AND ASSIST WITH THE EDUCA							
Governance		Check this box  if the organization discontinued its operations or dispose	sed of more	1					
ĝ		lumber of voting members of the governing body (Part VI, line 1a)		· · · · · · · F	3 15 4 14				
න් ග		lumber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2012 (Part V, line 2a)		· · · -	4 14 5 21				
Activities &	6 T	otal number of volunteers (estimate if necessary)		F	6 20				
cţi	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12		· · · · · · · F	7a 0.				
Ă		let unrelated business taxable income from Form 990-T, Ine 34	• • • •	·	7b 0.				
		101 10 2013	·	Prior Year	Current Year				
Revenue	8 0	contributions and grants (Part VIII, line 15)		90,220					
		(Dat) (III)	"	602,893					
eve	10 li	nvestment income (Part VIII, column (A) lines 3-4 and 70)		6,555					
æ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,334					
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		713,002	619,212.				
	13 6	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		C	0.				
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)			0.				
es		salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		582,281	596,516.				
xpenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			0.				
ူX		otal fundraising expenses (Part IX, column (D), line 25)   10,54	<u>44.</u>  _	¥," 1 \$ \$ 5 7 , \$,					
7.F		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	· · ·	199,911					
မွှေ		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·	782,192					
	19 F	levenue less expenses. Subtract line 18 from line 12	····	<69,190					
Assets or Balances		Cold base de (De A.V. Fee A.O.	Be	ginning of Current Yes					
Sage	20 T	otal assets (Part X, line 16)	· ·	1,546,110					
3.7	<b>ZI</b> 1	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20	· ·	93,325 1,452,785					
	<u>  22    </u> <u>  i</u> t	Signature Block		1,454,765	) · · · · · · · · · · · · · · · · · · ·				
	_	ies of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the hest o	f my knowledge and helief it is				
		, and complete. Declaration of preparer (other than officer) is based on all information of wh			iny knowledge and belief, it is				
	<u> </u>	Tie No too	non properor		2-13				
Sigr	,	Signature of officer		Date					
Her		TIM MONTGOMERY, HEAD OF SCHOOL							
	Type or print name and title								
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN				
Paid		GEORGE H. KNOSTMAN Say H. Last	一足!	9-30-13 self-em	ployed P00235890				
Prep	arer	Firm's name SHARRARD, MCGEE & CO., P.A.		Firm's EIN	56-1146197				
Use	Only	Firm's address P.O. BOX 5869							
		HIGH POINT, NC 27262		Phone no.	336-884-0410				
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No				

	990 (2012) THE PIEDMONT		<u>56-1336200</u> Page <b>2</b>
Par	Statement of Program Service Ac	complishments	
	Check if Schedule O contains a response to	any question in this Part III	<u> </u>
1	Briefly describe the organization's mission:		
	THE PIEDMONT SCHOOL, INC.		
	PURPOSE OF TEACHING, TUTO	RING AND ASSISTING WI	TH THE EDUCATION OF
	CHILDREN AND ADULTS WHO HE	AVE LEARNING DISABLII'	ries.
2	Did the organization undertake any significant prog	ram services during the year which were n	ot listed on
	the prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule		
3	Did the organization cease conducting, or make sig		program services? Yes X No
	If "Yes," describe these changes on Schedule O.	,, ,, ,, ,, ,, ,, ,, ,, ,, , ,, ,	
4	Describe the organization's program service accom	inlishments for each of its three largest pro	naram services, as measured by expenses
-	Section 501(c)(3) and 501(c)(4) organizations are re		
	revenue, if any, for each program service reported.	quired to report the amount of grants and	allocations to others, the total expenses, and
4a		01. including grants of \$	) (Revenue \$ 476,274.)
44	PROVIDE BASIC SKILLS REME		
	INDIVIDUALS WITH SPECIFIC	LEARNING DISABILITIES	5.
			<del></del>
		· · · · · · · · · · · · · · · · · · ·	
			<u> </u>
4b	(Code ) (Expenses \$	including grants of \$	) (Revenue \$)
			, (10.00,10.00)
		<del></del>	
			<u></u>
	····		
4c	(Code ) (Expenses \$	including grants of \$	) (Revenue \$)
			· · · · · · · · · · · · · · · · · · ·
		·	
			-
		·-	
		<del></del>	
		<u> </u>	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ Including gra	nts of \$ (Reve	nue \$ )
4e	Total program service expenses ▶	620,501.	
			Form <b>990</b> (2012)

Form 990 (2012) THE PIEDMONT SCHOOL, INC.

Partily: Checklist of Required Schedules 56-1336200 Page **3** 

			Yes	<u>No</u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	1. L. C. L. D. D. L. 20400 (KN/c) Lagrangia Calculate Control to C. Part III	5		x
_	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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.			- 1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			i
	Part VI	11a	X	<u> </u>
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		X
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		X
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			٠,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<del>                                     </del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	448		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a	x	
	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		<del> </del>
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
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, Parts I and IV	14b	<u></u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		_X_
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		X
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		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	₩	X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(2012)

Form 990 (2012) THE PIEDMONT SCHOOL, INC.

PartilV. Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X
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 lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
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 pnor Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-5	es.	i
	instructions for applicable filing thresholds, conditions, and exceptions):		-	- 1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		·	
~~	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,,
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
		35a		
b	If "Yes" to line 35a, 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	OF.		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	_	<del> </del>
30	-	00		
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
<b>U</b> 1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
~	Note. All Form 990 filers are required to complete Schedule O	38	x	
	restart at the second and required to complete controlling Co	<u> </u>		Ь

Form	990 (2012) THE PIEDMONT SCHOOL, INC. 56-1336	200	Р	age 5
Par				ago o
	Check if Schedule O contains a response to any question in this Part V			
		<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			,
	(gambling) winnings to prize winners?	1c	-	-
	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 2a 21	,		li
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		_	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	-	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		•	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
	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.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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 as charitable contributions?	6a		х
	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).			
	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	1	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_		
8	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.			
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		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	ł	
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	

amounts due or received from them.) \_\_\_\_\_\_\_ 11b |

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year \_\_\_\_\_ 12b |

14a Did the organization receive any payments for indoor tanning services during the tax year?

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Section 501(c)(29) qualified nonprofit health insurance issuers.

13a

14a

Form 990 (2012) THE PIEDMONT SCHOOL, INC. 56-1336200 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI		<u> </u>			<u>X</u>		
<u>Sec</u>	tion A. Governing Body and Management							
			•		Yes	No_		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15			1		
	If there are material differences in voting rights among members of the governing body, or if the governing					1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					1		
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	14					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other					
_	officer, director, trustee, or key employee?	=	•	2	'	X		
3	Did the organization delegate control over management duties customarily performed by or under the							
•	of officers, directors, or trustees, or key employees to a management company or other person?		="	3		x		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X		
	Did the organization become aware during the year of a significant diversion of the organization's as			5		X		
5				<u>-</u> -		X		
6	Did the organization have members or stockholders?			6				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			_		77		
_	more members of the governing body?			7a		<u> X</u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		olders, or					
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			1		
а	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?			8b_	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the	İ				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)					
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapte	rs, 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 boo	dv bef	ore filing the form?	11a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<b>a</b> , 20.		114		<u> </u>		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	]		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	a to co		12b	X			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If *			120		$\vdash$		
C	on Cabadula O have this was done	7 ta, t	escribe	40-	v			
40	In Schedule O how this was done	• ••••		12c	X	-		
13	Did the organization have a written whistleblower policy?	••••		13		X		
14				14		X		
15	Did the process for determining compensation of the following persons include a review and approve		ndependent			'		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				· <sup> </sup>		
	The organization's CEO, Executive Director, or top management official			15a	X			
b	Other officers or key employees of the organization			15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1	1	!		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a	_				
	taxable entity during the year?			16a		X		
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatio	on's			ز _ ا		
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (Sec	tion 501(c)(3)s only)	availab	le			
	for public inspection. Indicate how you made these available. Check all that apply.	,	· //-/ "//					
	Own website Another's website X Upon request Other (explain	n in Sc	hedule (1)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or		•	d finar	ncial			
	statements available to the public during the tax year.	~: IIIIU	o. antorost policy, al		.orai			
20								
20		ariu re	Lorus or the organiza	uon.	_			
	TIM MONTGOMERY - 336 883 0992		<del></del>					
23200	815 OLD MILL RD., HIGH POINT, NC 27265-9679		····					

Form	200	(2012)	

#### THE PIEDMONT SCHOOL, INC.

56-1336200

Page 7

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

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

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

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

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

Name and Title	Average hours per	ا		Pos	:4:					
	hours per	Average (do no						Reportable	Reportable	Estimated
		box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week		officer and a direc			ector/trustee)		from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or	ᆲ			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	ğ		9	age.		(** 2 1033 141100)		and related
	below	Individual trustee or director	Institutional trustee	*	Key employee	estco				organizations
	line)	Indiv	Instil	ощсег	Key	Highest compensated employee	Former			
(1) TIM MONTGOMERY	40.00	1								
HEAD OF SCHOOL		X		X		<u> </u>		35,417.	0.	0.
(2) LOUISE FOSTER	1.00	1								
PRESIDENT		X		X		<u> </u>		0.	0.	0.
(3) KEITH BURRIS	1.00				l			}		II
TREASURER		X		X			ļ	0.	0.	0.
(4) RICK CORNWELL	1.00	1	1							
SECRETARY		X		X	_	<u> </u>		0.	0.	0.
(5) MEGAN YOWELL	1.00					İ		_		
BOARD OF TRUSTEES		X		_		<u> </u>		0.	0.	0.
(6) SHARYN ANDREWS	1.00	ļ				}	ł	_	_	
BOARD OF TRUSTEES		X	<u> </u>	<u> </u>	<u> </u>	↓_	ļ	0.	0.	0.
(7) JIM BRANSON	1.00	1				İ				
BOARD OF TRUSTEES		X	<u> </u>			ـــــ	<u> </u>	0.	0.	0.
(8) KEN CAGLE, JR.	1.00						1	_	_	_
BOARD OF TRUSTEES		X	<u> </u>	_		ļ	<u> </u>	0.	0.	0.
(9) MOOMOO COUNCILL	1.00	┨					l			_
BOARD OF TRUSTEES		X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	0.	0.	0.
(10) DR. ALLISON HUDSON	1.00	l	Ì	l						
BOARD OF TRUSTEES		X	<u> </u>	<u> </u>	_	<u> </u>	<u> </u>	0.	0.	0.
(11) STEPHANIE MIGLIARDI	1.00	┨								
BOARD OF TRUSTEES	1 00	X	<u> </u>	_	_	-	<u> </u>	0.	0.	0.
(12) RUTH PURSER	1.00	١								
BOARD OF TRUSTEES	1 00	X			_	<u> </u>	┢	0.	0.	0.
(13) WILL RAINS	1.00	١.,								
BOARD OF TRUSTEES	1 00	X	-	_		┢	┢	0.	0.	0.
(14) BETTY ROTHROCK	1.00	١								_
BOARD OF TRUSTEES	1 00	X	₩	$\vdash$	├	-	$\vdash$	0.	0.	0.
(15) SARAH BETH WYNNE	1.00	١.,								
BOARD OF TRUSTEES		X	$\vdash$			<u> </u>	├	0.	0.	0.
	-	1						1		
		$\vdash$	$\vdash$		<del> </del>	┼-	$\vdash$			
		1								

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>ees</u>	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	/,,		Pos				Reportable	Reportable		Est	imate	d
		hours per		. Dox, anicos parson is both an					compensation compensa		tion amount o		of	
		week	<del></del>				or/trus	tee)	from	from related		(	other	
		(list any	recto						the	organizations		•	pensa	
		hours for related	o d	8			ated	i	organization	(W-2/1099-MISC	2)		om the	
		organizations	ustee	ţ		, e	e e		(W-2/1099-MISC)			_	anizati	
		below	ual tr	틸		흲	2 5	١.					l relati nizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	ey em	Highest compensated employee	Ē			l	Olya	ınzanı	2112
			=	=	1	¥	==	۳			$\dashv$			
			1											
			$\vdash$	$\vdash$		<del> </del>	$\vdash$	-	<del> </del>		$\dashv$			
			1											
			$\vdash$		-	_	<del>  -  </del>				$\dashv$			
			1											
											一			
			1											
		1	i	T-						-	$\neg$			
			1											
			1											
			J											
			_	L				L						
				L_			<u> </u>							
			]			İ								
			<u> </u>	<u> </u>	<u> </u>									
									35,417.		0.			0.
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d		,.,							35,417.	L	0.			<u>  0 .</u>
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	,000 of reportable	<del>}</del>			
	compensation from the organization									-·				0
											,		Yes	No
3	Did the organization list any former officer				-	-	-		- ·	mployee on			_	
	line 1a? If "Yes," complete Schedule J for s									· ·		3		<u> </u>
4	For any individual listed on line 1a, is the si											-		
_	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or								ted organization or ındıv	idual for services				
	rendered to the organization? If "Yes," con	nplete Schedul	e J	for s	<u>uch</u>	per	son .	<u></u>	<del></del>	<del></del>		5		<u> </u>
	Complete this table for your five highest or		al	a= -1					that received are a suc-	\$100.000 at a -		4,		<del></del>
1	Complete this table for your five highest co									•	ens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	enai	ng v	WILI	OI W	/tunir		year.				<del>.</del>
	(A) Name and business	address	NT	ONI	F			- 1	<b>(B)</b> Description of s	services	С	C) comper		n
			74	OI	<u></u>	-								
								$\dashv$						
	***	_						$\neg \dagger$						
		******						寸						
										İ				
										ĺ			-	
2	Total number of independent contractors (	including but r	not li	imite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	ization 🕨					0							

		Check if Schedule O conta	ains a response	to any question ir	this Part VIII			🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts si	1 a	Federated campaigns	1a					
直		Membership dues					1	
ٳڲؚۑ	c	F d	1c					
業別	d		1d					
اﷺ.	e	0						
Sign	_	AH 41 47 4 60 4						
돌힐	•	similar amounts not included above	- 1	138,135.				
를 하	_	Noncash contributions included in lines	· · · · · · · · · · · · · · · · · · ·	130 / 1331				
Contributions, Gifts, Grants and Other Similar Amounts	y h	Total, Add lines 1a-1f	ia- ii. \$		138,135.			
<u> </u>		Total, Add miles 14 11	······································	Business Code	20072001			
	2 a	TUITION INCOME		611600	448,129.	448,129.	-	
Program Service Revenue	2 a b	•		011000	110/1250	110/1251		
Se el	c	•						
E S	ں ۔							
P	u							
<u>۾</u> ا	4	All other program service reve				···· · · · · · · · · · · · · · · · · ·		
	I 	Total, Add lines 2a-2f	nue		448,129.			
$\dashv$	<u>g</u> 3	Investment income (including	diudondo intere	• • • •	440,123.			
	3	, ,			4,803.			4,803.
		other similar amounts) Income from investment of tax			4,005.			4,003.
	4			· F				
	5	Royalties	(i) Real					
	^ -	Cross vents	(i) Reai	(ii) Personal				
		Gross rents	<del></del>	-				
	b	•						
		Rental income or (loss)	l	<del>'</del>				
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	_	assets other than inventory	81,393.					
	þ	Less: cost or other basis	CE 030	1				
		and sales expenses	16 363					
		Gain or (loss)			16 262			
		Net gain or (loss)			16,363.	16,363.		
en l	8 a	Gross income from fundraising	-					
/en		including \$	of	<u> </u>				
Re		contributions reported on line		1				
Other Reven	_	Part IV, line 18		1				
O.		Less: direct expenses						
		Net income or (loss) from func	_	· ······ · • •				
	9 a	Gross income from gaming ac				]		
		Part IV, line 19		I I				
		Less: direct expenses	**					
	1	Net income or (loss) from gam	_	······ ·· ·				· · · — · · - ·
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale		I I				
		Miscellaneous Revenu	ie	Business Code				
		MISCELLANEOUS		900099	11,782.	11,782.		
	b	·						
	C	·						
	d	All other revenue			44			
	е	Total. Add lines 11a-11d			11,782.			4 222
23200	12	Total revenue. See instructions.		<u> </u>	619,212.	476,274.	0.	
12-10	-12							Form <b>990</b> (2012

# Form 990 (2012) THE PIEDMONT Part IX Statement of Functional Expenses

	Check if Schedule O contains a responsion include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1			expenses	general expenses	expenses
'	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in	<del></del>		·	
2	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
Ŭ	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				<del></del>
	trustees, and key employees	50,417.		50,417.	
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	462,480.	416,445.	40,377.	5,658.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	41,216.	35,034.	6,182.	
10	Payroll taxes	42,403.	34,429.	7,506.	468.
11	Fees for services (non-employees):				
а	Management				
b	Legal	11,629.		11,629.	
С		9,750.		9,750.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	_				
f	Investment management fees		· · · · · · · · · · · · · · · · · · ·		
g	, ,				
	column (A) amount, list line 11g expenses on Sch O.)	24 004		24 426	
12	Advertising and promotion	34,984.	_	31,486.	3,498.
13	Office expenses	3,356.		3,356.	
14	Information technology				
15	Royalties	10 630	15 040	0.706	
16	Occupancy	18,638.	15,842.	2,796.	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials  Conferences, conventions, and meetings	2,652.	2,652.		<del></del>
19 20	I-1-1	2,002.	2,002.		
21	Payments to affiliates	2,002.	2,002.		
22	Depreciation depletion and amortantion	43,818.	36,845.	6,973.	<del></del>
23	·	11,732.	11,145.	587.	
24	Other expenses. Itemize expenses not covered	11,1320	11,140.	307.	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DESIGN ON THE PROPERTY OF	54,916.		54,916.	· · · · ·
b	EQUIPMENT REPAIR & MAIN	36,627.	30,087.	6,540.	
c	COULDENIE CUIDAL THE	14,987.	14,987.	7,000	
d	VT 0051 1 33550110	10,142.	1,269.	8,125.	748.
_	All other expenses	26,482.	19,764.	6,546.	172
25	Total functional expenses. Add lines 1 through 24e	878,231.	620,501.	247,186.	10,544.
26	Joint costs. Complete this line only if the organization				· • • • • • • • • • • • • • • • • • • •
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2012)
Part X | Balance Sheet

Pa	<u>t X</u>	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	116,378.	1	53,859.
	2	Savings and temporary cash investments	195,251.	2	124,015.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	15,237.	4	19,135.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under		Ť	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
ets	7	Nietes and learn respirable and		7	
Assets	8	Inventores for sale er use		8	
•	9	Dronaud avanage and deferred above	2,903.	9	3,288.
	_	Land, buildings, and equipment: cost or other	2,303.		3,200.
	104	basis. Complete Part VI of Schedule D 10a 1,544,415.			
	h	101 F43 031	1,043,238.	10c	1,001,394.
	11	Investments with his traded as a wife	173,103.	11	114,181.
	12	Investments - publicly traded securities	1/3,103.	12	114,101.
	13	Investments, program related, See Dort IV, See 11		13	
	14	had a mile to make		14	
	15	Other assets See Part IV, line 11	0.	15	8,075.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,546,110.		1,323,947.
	17	Accounts payable and accrued expenses	7,319.		
	18	Grants payable	1,313.	18	3,842.
	19	Defense discourse	53,309.	19	85,976.
	20	Tay ayamat hand liabilities		20	03,370.
ro.	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,		21	
Ϊ́		key employees, highest compensated employees, and disqualified persons.			
Ë		Complete Dark II of Calculated			/
	23	Secured mortgages and notes payable to unrelated third parties	<del></del>	22	
	24	I Insecured notes and loans noveble to unrelated third nection		24	
	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 D	32,697.	25	40,012.
	26	Total liabilities. Add lines 17 through 25	93,325.	26	129,830.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🐰 and			22370301
ø		complete lines 27 through 29, and lines 33 and 34.			 
Ğ	27	Unrestricted net assets	1,273,998.	27	1,077,555.
<u>a</u>	28	Temporarily restricted net assets	178,787.		116,562.
<b>B</b>	29	Permanently restricted net assets		29	
Ë	-	Organizations that do not follow SFAS 117 (ASC 958), check here	-		
卢		and complete lines 30 through 34.			}
इं	30	Capital stock or trust principal, or current funds		30	
386	31	Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	· ·	32	
ž	33	Total net assets or fund balances	1,452,785.	33	1,194,117.
	34	Total liabilities and net assets/fund balances	1,546,110.	34	1,323,947.
		The second term of the second te	T17401110.	_ <del></del>	1,343,347.

	1990 (2012) THE PIEDMONT SCHOOL, INC.	<u>56-133</u>	6200	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				$\mathbf{X}$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	619	7,2	12.
2	Total expenses (must equal Part IX, column (A), line 25)	2	878	3,2	31.
3	Revenue less expenses. Subtract line 2 from line 1	3	<259	9,0	19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,452	2,7	85.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	_6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		3	51.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,194	1,1	17.
Pa	rt XII Financial Statements and Reporting	-			
	Check if Schedule O contains a response to any question in this Part XII				$\mathbf{x}$
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	~ -	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				į
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			i
	consolidated basis, or both:				ı
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	. 1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2012)

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

Department of the Treasury

Internal Revenue Service

3

10

**Public Charity Status and Public Support** 

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** THE PIEDMONT SCHOOL, INC. 56-1336200 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. \_ Type I b Type II c \_\_\_\_ Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box ........ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col.
(i) organized in the in col. (i) listed in your organization in col. (described on lines 1-9 organization support governing document? above or IRC section (i) of your support? (see instructions)) Yes

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990 EZ) 2012 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ..... 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 . . . 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (f) Total (e) 2012 7 Amounts from line 4 ... ...

8	Gross income from interest,							
	dividends, payments received on				1			
	securities loans, rents, royalties					•		
	and income from similar sources							
9	Net income from unrelated business	,						
	activities, whether or not the					Ì		
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(	3)	
_	organization, check this box and stor	) here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			·		
14	Public support percentage for 2012 (	ine 6, ∞lumn (f) d	vided by line 11, o	column (f))		14		<u>%</u>
	Public support percentage from 2011					15		<u>%</u>
16a	33 1/3% support test - 2012. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or i	more, che		
	stop here. The organization qualifies	as a publicly supp	orted organization	າ				ightharpoons
b	33 1/3% support test - 2011. If the	-		•			•	
	and stop here. The organization qual	rfies as a publicly s	supported organiz	ation			!	
17a	10% -facts-and-circumstances tes	_					•	
	and if the organization meets the "fac			-			_	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		!	
b	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and	line 15 is 10% or	
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explai	n in Part I	V how the	
	organization meets the "facts-and-circ	cumstances* test.	The organization of	qualifies as a publ	cly supported org	anization	!	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see ir	nstructions	
					Sch	edule A (l	Form 990 or 990-E	<b>Z)</b> 2012

# Schedule A (Form 990 or 990-EZ) 2012 [Partille] Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public S	Support						
Calendar year (or fiscal ye	ar beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contri							
membership fees re	ceived. (Do not						
include any "unusu	al grants.")					<u> </u>	_
2 Gross receipts from	admissions,						
merchandise sold o							
formed, or facilities any activity that is r							
organization's tax-e							
3 Gross receipts from					-		
are not an unrelated			1				
iness under section							
4 Tax revenues levied							
ization's benefit and	· · ·						
or expended on its	•						
5 The value of service							
furnished by a gove					1	1	
the organization with					1		
	•				<del> </del>		
6 Total. Add lines 1 to	~ I				-		
7a Amounts included o							
3 received from dis-	· · ·						
b Amounts included on lines from other than disqualifie							
exceed the greater of \$5,0	00 or 1% of the						
amount on line 13 for the						<u> </u>	-
c Add lines 7a and 7b							ļ
8 Public support (Subt		がか 変わった いた	1 - market A	MAKER ETERMINE	र १८०० के के अर्थ के क्रांक	+ + + T = 12	
Section B. Total Si			<del> </del>		_	1	
Calendar year (or fiscal ye		(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line				•			
10a Gross income from dividends, payment							
securities loans, rer							
and income from si	milar sources						
<b>b</b> Unrelated business ta	kable income						
(less section 511 taxe	s) from businesses					1	
acquired after June 30	), 1975						
c Add lines 10a and							
11 Net income from ur							
activities not includ whether or not the							
regularly carned on			<u> </u>		<u> </u>	<u>                                     </u>	<u> </u>
12 Other income. Do n							
or loss from the sale assets (Explain in P							l
13 Total support. (Add line							
14 First five years. If t		the organization's	s first, second, thir	d, fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	zation.
check this box and		······································	•		•		<b>&gt;</b>
Section C. Compu					,.		
15 Public support per				column (fi)	<del></del>	15	9
16 Public support per			•			16	9
Section D. Compu						<u> </u>	
17 Investment income				ne 13 column (A)	<del></del>	17	
							9
18 Investment income	•	•	•••				9 17 p. pot
19a 33 1/3% support to							
more than 33 1/3%							
b 33 1/3% support to		_					
line 18 is not more							
20 Private foundation	. IT the organizatio	n did not check a	box on line 14, 19	a. or 19b. check t	his box and see in	structions	. •

#### **SCHEDULE D**

(Form 990)

**Supplemental Financial Statements** 

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

nspection \*\*

Department of the Treasury Internal Revenue Service Name of the organization

THE PIEDMONT SCHOOL, INC.

**Employer identification number** 56-1336200

Par	t,I	<b>Organizations Maintaining Donor Advise</b>	d Funds or Other Similar Funds	or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	e 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		egate contributions to (during year)	· ·	_
3		egate grants from (during year)		
4		egate value at end of year		
5		ne organization inform all donors and donor advisors in	writing that the assets held in donor advis-	ed funds
		e organization's property, subject to the organization's	<del>-</del>	
6		ne organization inform all grantees, donors, and donor a		
		paritable purposes and not for the benefit of the donor of		
		missible private benefit?		Yes No
Pai		Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, F	· · · · · · · · · · · · · · · · · · ·
1	Purpo	ose(s) of conservation easements held by the organization	ion (check all that apply).	
		Preservation of land for public use (e.g., recreation or e		torically important land area
		Protection of natural habitat	Preservation of a certi	•
		Preservation of open space		
2	Comi	plete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
		f the tax year.		
	•	•		Held at the End of the Tax Year
а	Total	number of conservation easements		2a
ь	Total			
c		per of conservation easements on a certified historic str		[ [
d		per of conservation easements included in (c) acquired		
		in the National Register		2d
3		per of conservation easements modified, transferred, re		e organization during the tax
	year			
4	Num	per of states where property subject to conservation ea	sement is located >	
5		the organization have a written policy regarding the pe		
	violat	ions, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	unng the year ▶
7	Amo	unt of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year > \$
8	Does	each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and s	section 170(h)(4)(B)(ii)?		
9	In Pa	rt XIII, describe how the organization reports conservat		
	inclu	de, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
		ervation easements.		
Pa	<u>țt III </u>	Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
		Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the	organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	nent and balance sheet works of art,
	histo	rical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the to	ext of the footnote to its financial statements that descr	bes these items.	
b	If the	organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	t and balance sheet works of art, historical
	treas	ures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relati	ng to these items:		
	(i) F	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the	organization received or held works of art, historical tre		
	the fe	ollowing amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а		nues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
, h		te included in Form 000. Port V		

		DMONT SCHOOL					336200 Page 2
Par	t III   Organizations Maintaining C	collections of Ar	t, Historical T	reasures, c	or Other	Similar Ass	sets(continued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	e following tha	t are a sigr	nificant use of i	ts collection items
	(check all that apply):						
а	Public exhibition	d	Loan or ex	change progra	ıms		
b	Scholarly research	е	Other		_		
C	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explair	how they further	the organization	on's exemp	ot purpose in F	Part XIII.
5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	asures, or oth	er similar a	ssets	
	to be sold to raise funds rather than to be ma						Yes No
Par	t IV Escrow and Custodial Arran		te if the organizati	on answered '	'Yes" to Fo	orm 990, Part I	/, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21.				- · · · · · · · · · · · · · · · · · · ·	
1a	Is the organization an agent, trustee, custod						
	on Form 990, Part X?						Yes        No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				<del> </del>
							Amount
	Beginning balance					1c	···
	Additions during the year					1d	
e	Distributions during the year					1e	
f	Ending balance			· · · · · · ·		1f	
	Did the organization include an amount on F						Yes
Par	If "Yes," explain the arrangement in Part XIII.					·	
Pai	t V Endowment Funds. Complete			ĭ	ľ		
	Danis and a same halance	(a) Current year	(b) Prior year	(c) I wo year	s dack   (d	) inree years ba	ck (e) Four years back
	Beginning of year balance			<del> </del>			<del></del>
D	Contributions		-	1		<u> </u>	
C	Net investment earnings, gains, and losses			<del>-  </del>			
	Grants or scholarships						
е	Other expenditures for facilities						
	and programs			·	<del></del>	· · · · · · · · · · · · · · · · · · ·	-
g 2	Provide the estimated percentage of the cur		e (line 1a, column i	(a)) bold as:			
_	Board designated or quasi-endowment	-	e (iiile 19, widilii) %	(a)) Held as.			
	Permanent endowment	<del></del>	_′°				
	Temporarily restricted endowment	<del></del> '					
·	The percentages in lines 2a, 2b, and 2c shou						
3a	Are there endowment funds not in the posse	•	ation that are held.	and administe	red for the	organization	
-	by:	oolol or allo organize	morrande de o mora	a		organization	Yes No
							3a(i)
							3a(ii)
b	If "Yes" to 3a(ii), are the related organization:						3b
4	Describe in Part XIII the intended uses of the	•					[ ]
Pai	t VI Land, Buildings, and Equipm						
	Description of property	(a) Cost or of	1	st or other	(c) Acc	umulated	(d) Book value
		basis (investr	, , ,	s (other)		eciation	(,
	Land			64,361.	· ·		264,361
	Buildings			22,402.	39	95,477.	726,925
	Leasehold improvements						
	Equipment	-		42,515.		35,972.	6,543
	Other			15,137.		11,572.	3,565
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part					1,001,394

Part VIII   Investments - Other Securities . See Form 990, Part X, Ine 12. (e) Method of valuation: Cost or end of year market value (f) Personal derivatives (e) Sook value (f) Method of valuation: Cost or end of year market value (f) Personal derivatives (f) Personal	Schedule D (Form 990) 2012 THE PIEDMON	T SCHOOL, IN	<u>c.</u>	56-	-1336200 Page <b>3</b>
(1) Francial derivatives (2) Closely hald equity interests (3) Other (A) (4) (4) (4) (5) (6) (7) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				<del></del>	
		(b) Book value	(c) Method of va	lluation: Cost or end	of-year market value
(3) Other (4) (5) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					
(A) (B) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D					
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C					
(C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D					
(C) (E) (F) (G) (G) (H) (D) (F) (G) (G) (H) (D) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				<del></del>	
(E) (B) (C) (D) must equal form 990, Part X, col. (B) ine 13.) □ (D) (D) (D) (D) (D) (D) (D) (D) (D) (D)					
(F) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10					
(G) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P					
(i) (ii) (iiii) (iiiiiiiiiiiiiiiiiiiiii				<del> </del>	
Gital. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)   Description of investments - Program Related. See Form 990, Part X, fine 13.					
Total_(Col. (b) must equal Form 990, Part X, col. (8) line 12.)   Part VIII   Investments - Program Related. See Form 990, Part X, fine 13.				-	
Part VIII   Investments - Program Related. See Form 990, Part X, line 13.   (c) Method of valuation: Cost or end-of-year market value   (f)					
(a) Description of investment type (b) Book value (c) Method of valuation: Cost or end of year market value (f)	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	L			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Part VIII Investments - Program Related. Se	ee Form 990, Part X, line	13.		-£
(£) (8) (9) (9) (10) Total_(Col_(b)) must equal form 990, Part X, col. (B) line 13.)    Part IX   Other Assets. See Form 990, Part X, line 15.    (a) Description   (b) Book value		(b) Book value	(c) Method of va	lluation: Cost or end	-or-year market value
(6) (6) (7) (8) (9) (10) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, ne 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) ACCRUED PAYROLL LIABILITY 40, 012. (3) (4) (5) (6) (7) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  ACCRUED PAYROLL LIABILITY 40, 012. (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (11) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10					
(6) (7) (8) (9) (10) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶					
(6) (7) (8) (9) (10) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets. See Form 990, Part X, tine 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, ine 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) ACCRUED PAYROLL LIABILITY 40,012. (3) (4) (5) (6) (7) (8) (9) (10) (11) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  40,012.					
(7) (8) (9) (10) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part IX   Other Assets. See Form 990, Part X, tine 15.   (a) Description   (b) Book value			"		
(8) (9) (10)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part IX   Other Assets. See Form 990, Part X, tine 15.   (a) Description   (b) Book value			· · · · · · · · · · · · · · · · · · ·		
(9) (10) (10) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)▶    Part IX   Other Assets. See Form 990, Part X, ine 15.   (a) Description   (b) Book value				<del> </del>	<del></del>
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					<del></del>
Part IX   Other Assets. See Form 990, Part X, line 15.   (a) Description   (b) Book value					
(a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X   Other Liabilities. See Form 990, Part X, ine 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) ACCRUED PAYROLL LIABILITY 40,012.  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (11)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▲ 40,012.	Part IX Other Assets See Form 900 Dest X fine	15	<u></u>		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, ine 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) ACCRUED PAYROLL LIABILITY 40,012. (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					(h) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) ACCRUED PAYROLL LIABILITY 40,012. (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			<del></del>		(B) Book Value
(3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X   Other Liabilities. See Form 990, Part X, ine 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) ACCRUED PAYROLL LIABILITY 40,012. (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					<del>-</del> ·
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(9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, ine 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) ACCRUED PAYROLL LIABILITY 40,012.  (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 40,012.		· · ·			
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Total. (Column (b) must equal Form 990, Part X, ∞l. (B) line 15.)         Part X       Other Liabilities. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (2) ACCRUED PAYROLL LIABILITY       40,012.         (3)       (4)       (5)         (6)       (7)       (8)         (9)       (10)         (11)       (5) Inne 25.)       40,012.					
Part X   Other Liabilities. See Form 990, Part X, line 25.   1.		o 15 )			
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(1) Federal income taxes (2) ACCRUED PAYROLL LIABILITY (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  40,012.	(a) Description of liability		(b) Book value		
(2) ACCRUED PAYROLL LIABILITY 40,012.  (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 40,012.			.,		
(3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  40,012.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	40.012		
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(10) (11) Total. (Column (b) must equal Form 990, Part X, ∞I. (B) line 25.)					
(11)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 40,012.					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 40,012.					
		e 25.)	40.012		
	-			statements that rep	orts the organization's

Sche	dule D'(Form 990) 2012 THE PIEDMONT SCHOOL, INC.	<u>56-1336</u>	200 Page 4
.Pai	t以緣 Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	619,212.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	Service	
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recovenes of prior year grants		
d	Other (Describe in Part XIII.)	╡ .	
		2e	0.
e	Add lines 2a through 2d	- t	619,212.
3	Subtract line 2e from line 1		017,214.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<b>新</b> (名)	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		•
C	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	619,212.
Pa	t <sub>i</sub> XII <sub>5</sub> Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return	<del></del>
1	Total expenses and losses per audited financial statements	1	878,231.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	· .	
а	Donated services and use of facilities		
b	Prior year adjustments 2b	_] -	
С	Other losses 2c	_}	
d	Other (Describe in Part XIII.)	]	
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	878,231.
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	, -	
b	Other (Describe in Part XIII.)	7, -	
-	Add lines 4a and 4b	4c	0.
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	878,231.
	rt XIII Supplemental Information	1 9 1	070,231.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the complete this part to provide any additional information.		t V, line 4; Part

# SCHEDULE E ' (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### **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.

2012

Open to Public Inspection

Name of the organization

THE PIEDMONT SCHOOL, INC

Employer identification number 56-1336200

ar	+1			
			1	Τ.
			YES	1
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X_	↓_
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		_	
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	L
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	1		Ì
	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.			l
	If you need more space, use Part II	3	X	
	NEWSPAPER ANNOUNCEMENT ANNUALLY IN "HIGH POINT ENTERPRISE"			
	Does the organization maintain the following?	 		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	L
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	L
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	L
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
			1	
	Does the organization discriminate by race in any way with respect to:		±	
	Students' rights or privileges?	5a		_
	Students' rights or privileges?  Admissions policies?	5a 5b		
	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?			
	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?	5b		
	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?	5b 5c		
	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?	5b 5c 5d		
b c d e f	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?	5b 5c 5d 5e		
b c d e f	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?	5b 5c 5d 5e 5f		
	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?	5b 5c 5d 5e 5f 5g		
b c d e f	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?	5b 5c 5d 5e 5f 5g		
b c d e f	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?	5b 5c 5d 5e 5f 5g		
b c d e f g h	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?	5b 5c 5d 5e 5f 5g		
b c d e f g h	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h		
b c d e f g h	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h		
b c d e f g h	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h		

<u>Schedule E</u>	(Form 990 or 990-EZ) (2012) <b>THE</b>	PIEDMONT	SCHOOL,	INC.	<u>56-1336200</u>	Page 2
Bartill	(Form 990 or 990-EZ) (2012) THE Supplemental Information as applicable. Also complete this	<ol> <li>Complete this p part to provide any</li> </ol>	art to provide the other additional	e explanations required la information.	by Part I, lines 3, 4d, 5h, 6b, and 7,	
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ê X Employer identification number 56-1336200 Open to Public OMB No 1545-0047 2012 Inspection (h) Purpose of grant or assistance Yes 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 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance : (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant (c) IRC section if applicable INC. THE PIEDMONT SCHOOL, General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part 1 Part

232101 12-18-12

Schedule I (Form 990) (2012)

: . : : : : :

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Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations listed in the line 1 table

56-1336200 (Form 990) (2012) THE PIEDMONT SCHOOL, INC.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2012)

Page 2

(f) Description of non-cash assistance	•			formation.				Schedule I (Form 990) (2012)
(e) Method of valuation (book, FMV, appraisal, other)				n (b), and any other additional in				
(d) Amount of non- cash assistance	0			ne 2, Part III, colum				
(c) Amount of cash grant	207 366.			required in Part I, li				
(b) Number of recipients	28	_		le the information				
(a) Type of grant or assistance	EDUCATIONAL SCHOLARSHIPS			Reartive Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.				232102 12-18-12

## SCHEDULE O · (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE PIEDMONT SCHOOL, INC.

Employer identification number 56-1336200

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN THE PIEDMONT TRIAD AREA WHO HAVE LEARNING DIFFERENCES WHICH ARE
UNRELATED TO VISUAL OR AUDITORY ACUITY, PHYSICAL HANDICAP, BEHAVIORAL
OR EMOTIONAL DISORDERS, OR MENTAL RETARDATION. THROUGH VARIOUS LEARNING
METHODS, WE STRIVE TO CLOSE THE GAP BETWEEN AN INDIVIDUAL'S ACHIEVEMENT
AND POTENTIAL BY TEACHING STRATEGIES AND NEW METHODS OF COMPENSATING
FOR BYPASSING DIFFICULTIES IN THE AREAS OF OBTAINING, PROCESSING,
RETAINING, AND/OR RETRIEVING INFORMATION. OUR MISSION ALSO INCLUDES
HELPING INDIVIDUALS WITH LEARNING DIFFERENCES BECOME RESPONSIBLE FOR
THEIR OWN LEARNING METHODS AND REALIZING THAT, DESPITE SPECIFIC OR
PERVASIVE DIFFICULITIES, THEY CAN BE SUCCESSFUL IN SCHOOL AND LIFE.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS AVAILABLE AT THE
BOARD MEETING PRIOR TO FILING AND IN THE OFFICE FOR BOARD MEMBERS TO
REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C: THE EMPLOYEES AND BOARD MEMBERS
ARE REQUIRED TO PROVIDE WRITTEN CONFLICT OF INTEREST STATEMENTS. RELATIVES
OF BOARD MEMBERS CANNOT BE GIVEN PREFERENTIAL TUITION RATES AT THE SCHOOL.
FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS DETERMINES
THE EXECUTIVE DIRECTOR'S SALARY.
FORM 990, PART VI, SECTION C, LINE 18: THE FORM 990 IS MADE AVAIABLE TO
THE PUBLIC UPON REQUEST. THE FORM 990 CAN ALSO BE VIEWED ON THE WEBSITE

HTTP://WWW.GUIDESTAR.COM.

Name of the organization  THE PIEDMONT SCHOOL, INC.	Employer identification number 56-1336200
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FIN AVAILABLE TO THE PUBLIC UPON REQUEST.	ANCIAL STATEMENTS
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED LOSS ON INVESTMENTS	351.
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.	