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Department of the Treasury Internal Revenue Service

For the 2009 calendar year, or tax year beginning

## **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)

2009

JUL 1,

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

and ending JUN 30, 2010

OMB No 1545-0047 Open to Public Inspection

D Employer identification number Check if C Name of organization use IRS Address change label or SAINT JAMES SCHOOL print or Name change 52-0591413 type Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 733-9330 Specific (301)Termin-ated 7641 COLLEGE RD Instruc-Amende 26,102,203. G Gross receipts \$ City or town, state or country, and ZIP + 4 Applica-tion SAINT JAMES, MD 21781 H(a) Is this a group return pending F Name and address of principal officer:WILLIAM WIVELL ]Yes X No for affiliates? 17641 COLLEGE ROAD, ST. JAMES, MD 21781 H(b) Are all affiliates included? Yes No Tax-exempt status: X 501(c) ( 3 If "No," attach a list. (see instructions) 4947(a)(1) or ) (insert no.) J Website: ➤ WWW.STJAMES.EDU **H(c)** Group exemption number ▶ K Form of organization X Corporation Trust Association Other > L Year of formation 1842 M State of legal domicile MD Part I Summary COLLEGE PREPARATORY SCHOOL Briefly describe the organization's mission or most significant activities: A 1 Activities & Governance AFFILIATED WITH THE EPISCOPAL CHURCH. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 20 Number of voting members of the governing body (Part VI, line 1a) 18 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of employees (Part V, line 2a) 65 6 Total number of volunteers (estimate if necessary) 0. 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** <del>2,483,</del>731. 3,322,666. Contributions and grants (Part VIII, line 1h) 6,836,502. 7,637,629. Program service revenue (Part VIII, line 2g) 387,412. 2,808,343. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 190,815. 173,804. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,898,460. 13,942,442. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,324,773. 1,285,910. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 3,465,119. 3,527,010. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 342,498. b Total fundraising expenses (Part IX, column (D), line 25) 4,585,786. 4,637,771. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 9,336,815. 9,489,554. 18 Total expenses. Add lines 13-17 (must equal Part IX, potent) (A) (MP-25) 4,452,888. 561,645 Revenue less expenses. Subtract line 18 from line 12 Assets or Balances OS( **Beginning of Current Year End of Year** 44,296,035. 41,360,414. FEB 1 4 2011 20 Total assets (Part X, line 16) 6,465,944. 6,761,356. Total liabilities (Part X, line 26) 34,599,058. 37,830,091. Net assets or fund balances. Subtract line 21 from line 26 DEA Part II Signature Block Under penalties of penury, I declare that have exemined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of prepared other than officer is based on all information of which preparer has any knowledge Sign Signature of officer Here WILL AM WIVELL, BUSINESS MANAGER Type or print name and title Date Check if Preparer's identifying number (see instructions) Preparer's Paid 01/10/11 employed ► R. KERT SHIPWAY, CPA signature

Phone no ► (301)

ALBRIGHT CRUMBACKER

HAGERSTOWN, MD 21740

X Yes

739-5300

Preparer's

Use Only

Firm's name (or

self-employed), address, and

yours if

1110 PROFESSIONAL COURT, SUITE 300

MOUL & ITELL,

932002

Form **990** (2009)

4d Other program services. (Describe in Schedule O.)

Total program service expenses > \$

including grants of \$

7,775,991.

) (Revenue \$

	990 (2009) SAINT JAMES SCHOOL 52-059	<u>1413</u>	<u> </u>	age 3
Par	t IV Checklist of Required Schedules		1	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		١	
	If "Yes," complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
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	<u> </u>	X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	1		
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ł		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	)		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	<u> </u>		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		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, Part II	15		X
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, Part III	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			Ī
. •	1c and 8a? If "Yes." complete Schedule G. Part II	18		X

Form **990** (2009)

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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

complete Schedule G, Part III

SAINT JAMES SCHOOL 52-0591413 Page 4 Form 990 (2009) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the Х 21 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, X 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 Х 23 Schedule J 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 X 24a Schedule K. If "No", go to line 25 X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25a Х disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule L. Part L 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete X 27 Schedule L. Part III 28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a 28b b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was 28c an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? Х 35 If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

38 X Form **990** (2009)

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X

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

If "Yes," complete Schedule R, Part V, line 2

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

Series the number reported in Box 3 of Form 1098, Annual Summary and Transmittal of U.S. Information Returns. Enter 40- if not applicable   19	Par	V   Statements Regarding Other IRS Filings and Tax Compliance				
U.S. Information Returns. Enter 0- if not applicable Enter the number of Forms WaS (alriculated in the 1a. Enter 0- if not applicable Differ the number of Forms WaS (alriculated in the 1a. Enter 0- if not applicable Differ the number of Porms WaS (alriculated in the 1a. Enter 0- if not applicable Differ the calendar year ending with or within the year covered by this return Ifled for the calendar year ending with or within the year covered by this return Ifled for the calendar year ending with or within the year covered by this return. If it all test one is reported on line 28, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Bit of the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Bit of the same of the form 990T for this year? If *No.* provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a singulature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  Bit of the same and the foreign country (such as a bank account, securities account, or other financial account)?  Bit of any time during the calendary year, did the organization have an interest in, or a singulature or other authority over, a financial Accounts.  Bit of any time during the calendary year, did the organization file Form 8886T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  By the same not tax deductible?  By the same not tax deductible?  Contributions that were not tax deductible?  Contributions that many receive deductible?  Contributions th			1 1	<del>լ</del>	Yes	No
b Enter the number of Forms W2G included in the 1a. Enter O- if not applicable  □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) with making with or within the year covered by this return  1c. □ Did the organization and 2 as greater than 250, you may be required to e-fife this raturu. (see a instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return.  3b If Yes, * has if filed a Form 990T for this year? If *No.* provide an explanation in Schedule O  3 a Did the organization have unrelated business gross income of \$1,000 or more during the valence year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country is well as a bank account, securities account, or other financial accountly?  If Yes, *I are the name of the foreign country? ►  See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If Yes, *I one Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction?  If Yes, *I one Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction?  If Yes, *I one Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction?  If Yes, *I one Sa or Sb, did the organization that were not tax deductible?  Did the organization receive a payment in axcess of \$75 made party as a contributions and party for goods and services provided to the payor?  If Yes, *I one Sa or Sb, did the organization notify the donor of the value of the goods or services provided?  If Yes, *I one organization organization organization antiatining donor advised funds and section 509(9)(3) supporting organizations. Did the supporting organizatio	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
be the fire fraumber or comms with inholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Enter the number of employee 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.  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  1		U.S. Information Returns. Enter -0- if not applicable				İ
Gambing) winnings to prize winners?   1c   2c   2c   1ct   2c   2c   1ct   2c   2c   2c   2c   2c   2c   2c						
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  1 If a least one is reported on line 2a, cit the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife this return. (see instructions)  2 If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  4 At any time during the calendar year, did the organization file all 5,000 or more during the year covered by this return?  3 If "Yes," the the name of the foreign country. Provide an explanation in Schedule O  4 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. Provide an explanation in Schedule O  4 If "Yes," the the name of the foreign country. Provide an explanation in Schedule O  5 If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6 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?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 If "Yes," did the organization nortify the donor of the value of the goods or services provided?  8 If "Yes," did the organization or otherwise dispose of tangible personal property for which it was required to file Form 8282?  8 If "Yes," did the organization or otherwise dispose of tangible personal property for which it was required?  9 If "Yes," did the organization or divised funds and section 509(ig) supporting organizations. Did the supporting organizations mainta	c	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
field for the calendary year ending with or within the year covered by this return   2a				1c		
field for the calendary year ending with or within the year covered by this return   2a	2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,				
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Note. If the sum of lines 1a and 2 as greater than 250, you may be required to e-file this return. (See instructions) 3			rns?	2b	<u> </u>	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b if "Yes," has if filled a Form 990-T for this year? if "No," provide an explanation in Schedule O  d 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?)  b if "Yes," enter the name of the foreign country; ▶  See the instructions for exceptions and filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  cif "Yes," io line Sa or 5b, Line Sa or						
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b if "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  61 If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  62 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?  63 If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  70 Organizations that may receive deductible contributions under section 170(c).  80 If "Yes," did the organization notify the donor of the value of the goods or services provided?  71 If "Yes," did the organization notify the donor of the value of the goods or services provided?  71 If "Yes," indicate the number of Forms \$282 filed during the year  72 If Indicate the number of Forms \$282 filed during the year  73 If Indicate the number of Forms \$282 filed during the year  74 If Indicate the number of Forms \$282 filed during the year  75 Por all contributions of qualified intellectual property, did the organization file Form 8899 as required?  76 For all contributions of qualified intellectual property, did the organization file Form 8890 as required?  76 Por all contributions of cars, boats, alreplanes, and other vehicles, did the organization, have excess business holdings at any time during the year?  77 In Sponsoring organization maintaining donor advised funds and sections 509(a)8 supporting organizations. Did the supporting organization make any taxable distributions under section 4966?  8 Sponsoring organization make any taxable distributions un				4a		X
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e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		to file Form 8282?	1 1	7c	Į	X
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  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?  Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11a  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a  12b  If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	personal			1
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			ess business holdings			v
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b Did the organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  12b	9			00		v
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b		- · · · · · · · · · · · · · · · · · · ·				
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  12b		9	102			
11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  12b				1		
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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	D	•	116			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	40-	· · · · · · · · · · · · · · · · · · ·		100	Ī	1
B II 100 Office the different of the control of the			I I	1.24		<del> </del>
	D	ii res, enter the amount of tax-exempt interest received of accrued during the year		Form	990	(2009)

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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.

Sec	tion A. Governing body and Management			<del></del>				
4.	Enter the number of voting members of the governing body		Yes	No				
	10							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		X				
2	officer, director, trustee, or key employee?	2_						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			X				
_	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 organizational documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5 6		X				
6	Does the organization have members or stockholders?	_0						
/a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7-		<u>X</u>				
_	governing body?	7a 7b		$\frac{\mathbf{x}}{\mathbf{x}}$				
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	/ D						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
_	by the following:	0.	X					
	The governing body?	8a 8b	X					
_	Each committee with authority to act on behalf of the governing body?	80						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х				
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	8						
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No				
1 <b>0</b> 2	Does the organization have local chapters, branches, or affiliates?	10a	103	X				
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	100						
•	and branches to ensure their operations are consistent with those of the organization?	10b						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise							
-	to conflicts?	12b	Х					
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this is done	12c	Х					
13	Does the organization have a written whistleblower policy?	13	Х					
14	Does the organization have a written document retention and destruction policy?	14	X					
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		<u>X</u>				
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.)							
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		<u>X</u>				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
<u>Seç</u>	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►MD							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for						
	public inspection. Indicate how you make these available. Check all that apply.							
	Own website X Another's website X Upon request		_					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar	nd fina	ncıal					
	statements available to the public.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ion:						
	WILLIAM WIVELL, BUSINESS MANAGER - (301) 733-9330  17641 COLLEGE ROAD, ST. JAMES, MARYLAND 21781							
	17641 COLLEGE ROAD, ST. JAMES, MARYLAND 21781	Form	<u>990 /</u>	2000)				

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## Part 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. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employees."

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (8ox 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.

(A)  Name and Title	(B) Average hours	(C) Position (check all that apply)				dv)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week	Individual trustae or director	Institutional frustee	Officer	Γ	Highest compensated carployee	ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
THE REV. D. STUART DUNNA	40.00	v		х				121,000.	0.	0.
HEADMASTER JEREMY H. BIGGS	40.00	X		Λ	-		┢	121,000.	0.	· ·
BOARD MEMBER	0.50	X				1		0.	0.	0.
JAMES L. HOLLOWAY	0.50	Λ			$\vdash$	├	╁			
BOARD MEMBER	0.50	x						0.	0.	0.
ROBERT H. GARNER	- 0.50		-			t				
BOARD MEMBER	0.50	X						0.	0.	0.
PHILIP D. CARACI										-
BOARD MEMBER	0.50	X			ļ			0.	0.	0.
HENRY B. DAVENPORT										
BOARD MEMBER	0.50	X						0.	0.	0.
ANN C. DAVIS									_	_
BOARD MEMBER	0.50	X				<u> </u>		0.	0.	0.
ADNA B. FULTON							1			
BOARD MEMBER	0.50	X		ļ	_	↓	┞	0.	0.	0.
JOHN M. MATTINGLY	0.50									1
BOARD MEMBER	0.50	<u>  X</u>	_	ļ	<u> </u>	-	╄	0.	0.	0.
ALEKSANDRA M. MYERS	0.50							0.	0.	0.
BOARD MEMBER	0.50	<u>^</u>	-		├	┼	╀	0.	- 0.	· ·
GEORGE C. NEWMAN BOARD MEMBER	0.50	X						0.	0.	0.
SPENCE W. PERRY	0.50	^		-	├─	-	╁			•
BOARD MEMBER	0.50	x			ļ			0.	0.	0.
GEOFFREY P. POHANKA	0.50	<del>                                     </del>	-		╁╌	1	┢			
BOARD MEMBER	0.50	x						0.	0.	0.
SANDRA L. POLLOCK			t	T-		<b>†</b> **	t			
BOARD MEMBER	0.50	X						0.	0.	0.
GEORGE R. REINHART										
BOARD MEMBER	0.50	X						0.	0.	0.
MARY ANN SCHURZ		$\lceil \rceil$								
BOARD MEMBER	0.50	X		<u> </u>			_	0.	0.	0.
L. LUDINGTON SELLS									_	
BOARD MEMBER	0.50	X	<u> </u>			L.,	$\perp$	0.	0.	0.
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Part VII Section A. Officers, Directors, Tru				s, a	nd F	ligh	est	Compensated Employ	rees (continued)	415 Fage 0
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(ct	Position (check all that apply)				ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
STEPHANIE E. SMITH-PHILL				į					_	
BOARD MEMBER	0.50	X				<u> </u>		0.	0.	0.
EUGENE T. SUTTON		ŀ								_
BOARD MEMBER	0.50	X				<u> </u>		0.	0.	0.
RICHARD E. WAGNER, JR.										_
BOARD MEMBER	0.50	Х				<u> </u>		0.	0.	0.
JOHN D. WORTHINGTON										
BOARD MEMBER	0.50	X			<u> </u>	_		0.	0.	0.
HILTON C. SMITH, III										
BOARD MEMBER	0.50	X						0.	0.	0.
SUSAN ITELL		_							1	_
BOARD MEMBER	0.50	X				<u> </u>		0.	0.	0.
FREDERIC B. ALLEN							i			
BOARD MEMBER	0.50	X		_		ļ	<u> </u>	0.	0.	0.
MILO G. COERPER										
BOARD MEMBER	0.50	X				↓_	_	0.	0.	0.
ROBERT P.L. FRICK							İ			
BOARD MEMBER	0.50	X				_	<u> </u>	0.	0.	0.
JOHN S. MCINTYRE, JR.										
BOARD MEMBER	0.50	X				<u> </u>	l	0.	0.	0.
1b Total		_						201,640.	0.	0.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wl	ho r	eceived more than \$100	0,000 in reportable	_

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

4

Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

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#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
LAWN LIFE P.O. BOX 685, HEDGESVILLE, WV 25427	GROUNDSKEEPING	105,505.

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

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

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## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	1,324,773.	1,324,773.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				<del></del>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	2,830,087.	1,999,694.	623,833.	206,560.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	176,742.	110,088.	57,354.	9,300.
9	Other employee benefits	298,944.	224,998.	67,789.	6,157.
10	Payroll taxes	221,237.	156,485.	48,072.	16,680.
11	Fees for services (non-employees):				
а	Management		·-		
b	Legal	7,974.		7,974.	
c	Accounting	28,700.		28,700.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	3,346.		3,346.	
12	Advertising and promotion				
13	Office expenses	402,858.	217,911.	127,063.	57,884.
14	Information technology				
15	Royalties				
16	Occupancy	366,221.	353,548.	12,673.	
17	Travel	214,376.	182,407.	31,465.	504.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	232,397.	232,397.		
21	Payments to affiliates		1 205 225		·
22	Depreciation, depletion, and amortization	1,209,010.	1,205,381.	3,629.	
23	Insurance	108,713.	108,713.		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below )				
а	SERVICES	907,679.	907,679.	105 000	<del></del>
b	EQUIPMENT RENTAL & MAIN	438,956.	333,072.	105,884.	
C	TUITION REIMBURSEMENT	156,623.	156,623.		
d	STUDENT ACTIVITIES	136,837.	136,837.		
е	BAD DEBTS	88,817.		88,817.	
f	All other expenses	335,264.	125,385.	164,466.	45,413.
25	Total functional expenses. Add lines 1 through 24f	9,489,554.	7,775,991.	1,371,065.	342,498.
26	Joint costs. Check here 🕨 🔲 if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation				Form <b>990</b> (2009)

	990 (			<u> </u>	0591413 Page 11
Par	tΧ	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	1,424,200.	1	2,566,313.
	2	Savings and temporary cash investments	1,970,670.	2	986,653.
	3	Pledges and grants receivable, net	1,054,421.	3	1,283,941.
	4	Accounts receivable, net	64,286.	4	180,940.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	52,971.	8	64,279.
₹	9	Prepaid expenses and deferred charges	32,830.	9	38,657.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 36,599,732.			
	ь	Less: accumulated depreciation 10b 13,659,894.	22,271,818.	10c	22,939,838.
	11	Investments · publicly traded securities	12,720,520.	11	
	12	Investments · other securities. See Part IV, line 11	1,460,027.	12	15,913,831.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	308,671.	15	321,583.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	41,360,414.	16	44,296,035.
	17	Accounts payable and accrued expenses	423,490.	17	386,266.
	18	Grants payable		18	
	19	Deferred revenue	1,937,866.	19	1,779,678.
	20	Tax-exempt bond liabilities		20	
3	21	Escrow or custodial account liability. Complete Part IV of Schedule D	( 700000000000000000000000000000000	21	
	22	Payables to current and former officers, directors, trustees, key employees,			
		highest compensated employees, and disqualified persons. Complete Part II			
J		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	4,400,000.	23	4,300,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	6 465 044
	26	Total liabilities. Add lines 17 through 25	6,761,356.	26	6,465,944.
		Organizations that follow SFAS 117, check here   X and complete			
Š		lines 27 through 29, and lines 33 and 34.	10 000 000		00 155 570
auc	27	Unrestricted net assets	19,298,966.	27	20,155,572.
0	28	Temporarily restricted net assets	1,924,452.	28	1,878,393.
2	29	Permanently restricted net assets	13,375,640.	29	15,796,126.
2		Organizations that do not follow SFAS 117, check here   and			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Š	31	Paid-in or capital surplus, or land, building, or equipment fund	<u></u>	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	24 500 050	32	27 020 001
_	33	Total net assets or fund balances	34,599,058.	33	37,830,091.
	34	Total liabilities and net assets/fund balances	41,360,414.	34	44,296,035.

Form **990** (2009)

· :

10111	1990 (2009)			
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			х
2a	• • • • • • • • • • • • • • • • • • • •	2a	.,,-	
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to line 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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis			
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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990 (	2009)

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

Department of the Treasury

Internal Revenue Service

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**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.

2009

Open to Public Inspection

Employer identification number

Name of the organization

52-0591413 SAINT JAMES SCHOOL Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I 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). 2 X 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.) R 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. c \_\_\_\_ Type III - Functionally integrated d \_\_\_\_ Type III · Other a L\_\_\_ Type I **b** \_\_\_\_ Type II 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

(i) Name of supported organization	nization (ii) EiN org. (describe			organizat	u notify the tion in col r support?	(vi) Is the organization in col (i) organized in the US?		(vil) Amount of support	
		(see instructions))	Yes	No	Yes	No	Yes	No	
		<u> </u>					_		
								-	<del></del>
								]	
			1						
	_								
otal			.1	ł	<u> </u>	.t.,		<u> </u>	

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,

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supporting organization, check this box

the governing body of the supported organization?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

(ii) A family member of a person described in (i) above?

Schedule A (Form 990 or 990-EZ) 2009

11g(i)

11g(ii)

11g(iii)

Schedule A (Form 990 or 990-EZ) 2009

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organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

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19a 33 1/3% support tests - 2009. 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

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

## Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

SAINT JAMES SCHOOL

Employer identification number 52-0591413

Par	TI Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s 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	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor of		
	Impermissible private benefit?		Yes No
Pa	t # Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re-		ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ► \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
,	conservation easements.		
Pa	† III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of po	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	ce, provide the following amounts relating to
	these items:		<b>.</b>
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ial gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	<b>.</b> .
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
þ	Assets included in Form 990, Part X		<b>&gt;</b> \$

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Schedule D (Form 990) 2009

Schedule D (Form 990) 2009	SAINT	<u>JAMES</u>	SCHOOL	
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Par	t III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following that	are a sig	nificant use of	rts collection	ı ıtems
	(check all that apply):								
а	Public exhibition	d		Loan or exc	hange progra	ms			
ь	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizatio	n's exem	ipt purpose in l	Part XIV.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma							Yes_	No_
Par	Escrow and Custodial Arran reported an amount on Form 990, Par		ete if org	janization ar	nswered "Yes	to Form	1990, Part IV, li	ne 9, or	
	is the organization an agent, trustee, custodi		diary for	contribution	s or other as	sets not i	ncluded		
-	on Form 990, Part X?							Yes	No No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:					
-	., , , , , , , , , , , , , , , , , , ,	•						Amount	
С	Beginning balance						1c		·
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f	·	
2a	Did the organization include an amount on F	orm 990. Part X. line	21?				•	Yes	No
	b If "Yes," explain the arrangement in Part XIV.								
Par		f the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 10	).		
المستنسف ا	, , , , , , , , , , , , , , , , , , ,	(a) Current year		rior year	(c) Two year	- 1	d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance								
h	Contributions				••••• •••••••	***********	****************		<del></del>
c	Net investment earnings, gains, and losses						······································		***************************************
	Grants or scholarships			<del></del>				<del></del>	
	Other expenditures for facilities						•••••		····
·	and programs								
	Administrative expenses	<del></del>					·····		
	End of year balance						<del>!!!'!!! '' '' !!!!!!</del>	******	······································
9	Provide the estimated percentage of the year	r and balance held s			<u> </u>				······································
2 _	Board designated or quasi-endowment	i eno balance nelo c							
a _	Permanent endowment	%	_″						
D		% %							
20	Are there endowment funds not in the posse	.* -	ation th	at are held s	and administe	red for th	e organization		
3a		ssion of the organiz	ation tin	at are nell c	and administe	100 101 111	o organization		Yes No
	by: (i) unrelated organizations							3a(i)	100 110
	(ii) related organizations							3a(ii)	
	If "Yes" to 3a(ii), are the related organization:	e lieted se required o	on Sche	dula R2				3b	
4	Describe in Part XIV the intended uses of the								
Da	t VI Investments - Land, Building				). Part X. line	10.			
100	Description of investment	(a) Cost or o			t or other		cumulated	(d) Bool	k value
	Description of investment	basis (investr			(other)		reciation	(4) 500	( 10.00
	Lond	223.5 (1.1.2011			4,482.			1.32	4,482.
	Land			<del></del>	7,561.	9.2	74,684.		2,877.
b	Buildings				9,847.		34,008.		5,839.
C	Leasehold improvements				6,547.		55,938.		0,609.
d	Equipment				1,295.		95,264.		6,031.
	Other (Cartes)		V ==1:	<del>'</del>			JJ / Z U T .		9,838.
Tota	l. Add lines 1a through 1e. (Column (d) must e	equai Form 990, Part	A, COIU	mn (B), line	10(C) )		Sab		
							Sched	lule D (Form	1 990) 2009

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12	2.		
(a) Description of security or category (including name of security)	(b) Book value	"	(c) Method of valua at or end-of-year man	
Financial derivatives				
Closely-held equity interests				·
Other				
COMMON STOCKS	8,479,221.		EAR MARKET	
CORPORATE BONDS AND NOTES	382,514.			
OTHER SECURITIES	7,052,096.	END-OF-YI	EAR MARKET	VALUE
			· · · · · · · · · · · · · · · · · · ·	· · · <del>- · · · · · · · · · · · · · · · ·</del>
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)	15,913,831.		<del></del>	
Part VIII Investments - Program Related. S				
			(c) Method of valua	ition:
(a) Description of investment type	(b) Book value		t or end-of-year mar	
				·
			······	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)				
Part IX Other Assets. See Form 990, Part X, line	15. Description	<del></del>		(b) Book value
(a)	Description			(b) book value
		<del></del>		
		·		
	<del></del>			
Total. (Column (b) must equal Form 990, Part X, col (B) line		<u> </u>	<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X,	line 25.			.,
1. (a) Description of liability		(b) Amount		
Federal income taxes				
			i	
T.A. I. (O. I	- 05 )		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25.)		,	

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

932053 02-01-10 Schedule D (Form 990) 2009

932054 02-01-10

#### **SCHEDULE E**

(Form 990 or 990-EZ)

**Schools** 

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

SAINT JAMES SCHOOL

Employer identification number 52-0591413

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	1	х	
	other governing instrument, or in a resolution of its governing body?	<b>-</b>		
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	<del></del>		
J	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 Schedule O (Form 990)	3	X	
	NONDISCRIMINATORY AD PLACED IN THE NEWSPAPER "THE BALTIMORE			
	SUN" AND THE "WASHINGTON POST"			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990).			
5	Does the organization discriminate by race in any way with respect to:			v
а		5a		X
b	·	5b		X
C		5c		X
	Scholarships or other financial assistance?	5d		X
e	•	5e 5f		X
f		5g		X
_	Athletic programs?	5h	-	X
n	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).	<u> </u>		
	If you answered thes to any of the above, please explaint if you need more space, use obtredule of thom 330).			
62	Does the organization receive any financial aid or assistance from a governmental agency?	6a		Х
	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
-	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990).			
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 Schedule O (Form 990).	7	Х	

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Schedule E (Form 990 or 990-EZ) 2009

2 | Employer identification number 52-0591413 OMB No 1545-0047 Open to Public Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ame and address of organization if applicable cash grant or government assistance are sistance and address of organization of if applicable cash grant or government assistance or government assistance are sistance or government. 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 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 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. SAINT JAMES SCHOOL General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part Part #

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Schedule I (Form 990) 2009

Page 2

52-0591413

Schedule I (Form 990) 2009 SAINT JAMES SCHOOL

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 Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PINANCIAL AID & OTHER SCHOLARSHIPS	w w	1 289 773.	.0		
WERTT & OTHER AWARDS			o		
Part IV Supplemental Information. Complete this part to provide the	ide the informatio	n required in Part I,	line 2, and any other	information required in Part I, line 2, and any other additional information.	
FINANCIAL AID AND AWARDS ARE PAID DIRECTAL AND AND HOW HAD INDIVIDUALS	DIRECTLY	S ENGIPING THE EDUCATIONAL	UCATIONAL	NHC ABE	
INSTITUTION AND NOT TO THE INDIVIDU	- 1	SULT DATE OF	7117		
OTILIZED IN THE MANNER INDENIED.					

Schedule I (Form 990) 2009

#### SCHEDULE J-2 (Form 990)

## **Continuation Sheet for Form 990**

2009

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 to list additional information for Form 990, Part Vii, Section A, line 1a.

➤ See the Instructions for Form 990.

Open to Public Inspection

Name of the Organization

SAINT JAMES SCHOOL

Employer Identification number 52-0591413

	AMES SCHO								52-059	
Part I Continuation of Officers,	Directors, Tr	ust	ees	s, K						
(A)	(B)			(C	<b>)</b>			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	neck	k all that apply)		ly)	compensation	compensation	amount of	
	per							from	from related	other
	week	_	ŀ			86		the	organizations	compensation
		핥				盲	ŀ	organization	(W-2/1099-MISC)	from the
		8	88			ated		(W-2/1099-MISC)		organization
		LST	Tage		8	l a				and related
		E E	jonal		S S	ğ	_			organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
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ELIZABETH C. OLSON	0.50	,,						_	0	^
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JOHN E. OWENS, JR.									•	
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W. WEIR POLLARD III								_	_	_
BOARD MEMBER	0.50	X						0.	0.	0.
ROBERT N.H. SENER										
BOARD MEMBER	0.50	X						0.	0.	0.
JOHN M. WALTERSDORF										
BOARD MEMBER	0.50	Х						0.	0.	0.
WILLIAM W. WENNER										
BOARD MEMBER	0.50	Х						0.	0.	0.
JAMES P. KIMMEL										
BOARD MEMBER	0.50	x						0.	0.	0.
DONA D. YOUNG		<u> </u>	_			$\vdash$				
BOARD MEMBER	0.50	Y						0.	0.	0.
WILLIAM WIVELL	0.50	<u> </u>	_				-			•
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

Department of the Treasury Internal Revenue Service SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990. See separate instructions.

2009

OMB No 1545-0047

Employer identification number 52-0591413 (h) On behalf ž of Issuer × ŝ ŝ Open to Public Yes nspection ш ш Yes Yes (g) Defeased ŝ × Yes ŝ ŝ BANK ۵ ۵ (f) Description of purpose TO BE USED FOR PROJECT COSTS, Yes Yes ŝ ŝ ပ O SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS Yes Yes 5000000 (e) Issue price ŝ ŝ œ œ (d) Date issued 12/01/99 Yes Yes ŝ ş × × × × × (c) CUSIP# NONE ⋖ Yes Yes (b) Issuer EIN Are there any lease arrangements with respect to the financed Was the organization a partner in a partnership, or a member Does the organization maintain adequate books and records SCHOOL Were the bonds issued as part of a current refunding issue? of an LLC, which owned property financed by tax-exempt Were the bonds issued as part of an advance refunding property which may result in private business use? Has the final allocation of proceeds been made? JAMES Proceeds in refunding or defeasance escrows Working capital expenditures from proceeds to support the final allocation of proceeds? INVESTMENT GROUP Capital expenditures from proceeds SAINT Gross proceeds in reserve funds Year of substantial completion Issuance costs from proceeds (a) Issuer name Part III Private Business Use Other unspent proceeds Total proceeds of issue Name of the organization Bond Issues Proceeds Н Issue? ک Part # Part Ψ က 4 9 Ŋ œ 6 9 12 F 8 ပ ۵ ш

Schedule K (Form 990) 2009

52-0591413	
SCH	
SAINT JAMES	000000
Schedule K (Form 990) 2009	

Schedule K (Form 990) 2009 SAINT JAMES SCHOOL	OL		!		52-	52-0591413				Page 2
Fait it	<b>A</b>			8		o		٥		ш
Are there any management or service contracts with respect	Yes	No	Yes	2	Yes	<b>8</b>	Yes	°N	Yes	Š
to the financed property which may result in private business use?		×								
Are there any research agreements with respect to the financed property which may result in private business use?		×								
Does the organization routinely engage bond counsel or									-	
other outside counsel to review any management or service contracts or research agreements relating to the financed		<b>&gt;</b>								
property / Enter the percentage of financed property used in a private		4								
business use by entitles other than a section 501(c)(3)										
organization or a state or local government		%		%		%		%		%
Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity										
carried on by your organization, another section 501(c)(3)										
organization, or a state or local government		%		%		%		%		%
Total of lines 4 and 5		%		%		%		%		%
Has the organization adopted management practices and										
procedures to ensure the post-issuance compilance of its tax-exempt bond liabilities?		×								
Part IV Arbitrage										
Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and	<b>▼</b>			8		ပ		0		Ш
Penalty in Lieu of Arbitrage Rebate, been filed with respect	Yes	ટ્ટ	Yes	8	Yes	N <sub>o</sub>	Yes	S.	Yes	No
to the bond issue?		×								
is the bond issue a variable rate issue?		×								
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		×								
-										
					_					
c lerm of hedge 4a Were cross proceeds invested in a GIC?		×								
h Name of provider								- -		<u> </u> 
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
Were any gross proceeds invested beyond an available		>								
		<			_					

#### **SCHEDULE O** (Form 990)

## **Supplemental Information to Form 990**

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

Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SAINT JAMES SCHOOL

Employer identification number 52-0591413

FORM 990, PART VI, SECTION B, LINE 11: THE TAX RETURN IS PREPARED BY THE
ORGANIZATION'S ACCOUNTING FIRM. A COPY OF THE TAX RETURN IS PROVIDED TO
THE BUSINESS MANAGER FOR REVIEW BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C: EACH RESPONSIBLE PERSON ANNUALLY
COMPLETES A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR
CIRCUMSTANCES IN WHICH THE RESPONSIBLE PERSON IS INVOLVED THAT HE OR SHE
BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING. THIS
INFORMATION IS TREATED AS CONFIDENTIAL.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION PROVIDES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.
TO ORGANIZATION'S PROCESS OF OBTAINING AUDITED FINANCIAL STATEMENTS HAS
NOT CHANGED FROM PRIOR YEAR.
SCHEDULE K, PART I, BOND ISSUES:
(A) ISSUER NAME: M & T INVESTMENT GROUP
(F) DESCRIPTION OF PURPOSE:
TO BE USED FOR PROJECT COSTS, BANK FEES AND COST OF ISSUANCE.

## Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

Form 8868 (Rev. 4-2009)

• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box		<b>▶</b> 🗓
-	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this		
Do n	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously f	iled Fo	rm 8868
Pa	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A cor	poration required to file Form 990-T and requesting an automatic 6 month extension - check this box and cor	nplete	
Part I	only		▶ □
	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request al income tax returns	n exter	nsion of time
noted (not a you r	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronication are composed in the file Forms 990-BL, 6069, or 8870, group returns, or a composite or concept submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files gov/efile and click on e-file for Chanties & Nonprofits.	ically in Insolid	f (1) you want the additional ated Form 990-T. Instead,
Туре	or Name of Exempt Organization	Emp	loyer identification number
print	SAINT JAMES SCHOOL	5	2-0591413
File by due da filing yo return	te for Number, street, and room or suite no. If a P.O. box, see instructions.		
instruc			
	k type of return to be filed (file a separate application for each return):  Form 990  Form 990-T (corporation)  Form 990-BL  Form 990-T (sec. 401(a) of 408(a) trulet)  Form 990-EZ  Form 990-T (trupt other toals above)  Form 990-PF  WILLIAM WIVEIL BUSINESS MANAGER	227 069	
Te	e books are in the care of ► <u>17641 COLLEGE ROAD</u> , <u>ST. JAMES</u> , <u>MARYLANI</u> lephone No. ► <u>(301)</u> <u>733-9330</u> FAX No. ►	) –	21781
	he organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the last of the group, check this box  and attach a list with the names and EINs of all		- ·
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time uniform FEBRUARY 15, 2011, to file the exempt organization return for the organization named as is for the organization's return for.    Calendar year or   Amount of the exempt organization return for the organization named as is for the organization's return for.    X tax year beginning JUL 1, 2009 , and ending JUN 30, 2010		The extension
2	If this tax year is for less than 12 months, check reason Initial return Final return		Change in accounting period
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
b	nonrefundable credits See instructions  If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	\$
	tax payments made. Include any prior year overpayment allowed as a credit	3b	   <b>S</b>
c	Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	35	
	See instructions	3c	\$ N/A
Cauti	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.