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-om 990

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
2010
Open to Public

Open to Public Inspection

A	For the	e 2010 calendar year, or tax year beginning JUL 1, 2010 and ending	JUN 3	0, 2011					
				oloyer identific	etien number				
В	Check if applicab	C Name of organization	lo emt	oloyer identific	ation number				
ρ	Addre	99							
<u>_</u> _	Jchang	SAINT JAMES SCHOOL							
L_	Name chang	Doing Business As	[<u> 52-05</u>	591413				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	phone number						
	Termi	17641 COLLEGE RD	1	(301)	733-9330				
7	Amen	ded Characteristics and ZID . 4	G Gross	receipts \$	13,568,734.				
<u> </u>	Ireturn Applic								
L_	tion pendi			this a group ref					
		F Name and address of principal officer WILLIAM WIVELL	I	r affiliates?	Yes X No				
		17641 COLLEGE ROAD, ST. JAMES, MD 21781	H(b) Ar	e all affiliates incli	uded? Yes No				
1	Tax-ex	empt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or	527 If	"No," attach a i	ist. (see instructions)				
J	Websi	te: NWW.STJAMES.EDU	H(c) Gr	roup exemption	number 🕨				
					State of legal domicile: MD				
	art I	Summary							
		Briefly describe the organization's mission or most significant activities. A COLLEG	F DDFD	λ D λ m O D V	SCHOOT.				
g		· · · · · · · · · · · · · · · · · · ·	E PREF.	ANAIONI	ВСПООВ				
Governance		AFFILIATED WITH THE EPISCOPAL CHURCH.							
E.	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25	% of its net ass					
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	<u> </u>				
9	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	19				
80	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	113				
itie.	٦			6	72				
ξį	0	Total number of volunteers (estimate if necessary)		 					
2	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
2012 Activities & C	b	Net unrelated business taxable income from Form 990-T, fine 34		7b	0.				
~			Prio	r Year	Current Year				
₩	8	Contributions and grants (Part VIII, line 1h)	3,3	22,666.	1,617,417.				
Revenue		Program service revenue (Part VIII, line 2g)		37,629.	6,980,004.				
Reve	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		08,343.	784,442.				
₹ &	1	•		73,804.	154,310.				
`		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
i		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		42,442.	9,536,173.				
	13	Grants and similar afticume paid Part IX, column (A), lines 1-3)	1,3	24,773.	1,343,950.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ý	15	Salaries, offici compensation, employee penetrits (Part IX, column (A), lines 5-10)	3,5	27,010.	3,502,502.				
Expenses	16a	Professional fundraising tees (Partix, column (A), line 11e)		0.	0.				
ĕ		Total fundraising expenses (Part-IX, column (2D), line 25)							
ă	1.5		1 6	27 771	E 017 10E				
_		Other expenses (Party John (A) lines 11a-11d, 11f-24f)		37,771.	5,017,125.				
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		89,554.	9,863,577.				
	19	Revenue less expenses Subtract line 18 from line 12	4,4	52,888.	-327,404.				
28	}		Beginning o	f Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		96,035.	46,151,888.				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		65,944.	6,670,136.				
Set	2.	· · · · · · · · · · · · · · · · · · ·		30,091.	39,481,752.				
		Net assets or fund balances. Subtract line 21 from line 20 Signature Block	31,0	30,031.	39,401,132.				
	art II	<u> </u>							
		ilties of perjury, I declare that I ha ve exa mined this return, including accompanying schedules and sta			knowledge and belief, it is				
true	, corre	et, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any k	(nowledg) . /					
x 1/12/12									
Sia	Sign Signature of officer Date /								
	Here WILLIAM WIVELL, BUSINESS MANAGER								
1101	C	Type or print name and title							
			Date	Check	PTIN				
		Print/Type preparer's name Preparer's signature	ł	L	-				
Paid		R. KERT SHIPWAY, CPA R. KERT SHIPWAY, CP		/ 1 1 self-employed	<u></u>				
Pre	parer		CPA'S	Firm's EIN					
Use	Only	Firm's address 1110 PROFESSIONAL COURT, SUITE 300							
	-	HAGERSTOWN, MD 21740		Phone no. (3	301) 739-5300				
Mar	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
					Form 990 (2010)				
U320	001 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.			FOILIT 330 (2010)				

032002

Form 990 (2010) SAINT JAMES SCHOOL
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	_4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	_	
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			
Ü	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		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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	<u>X</u>	
С	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			7,5
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11 <u>d</u>		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 111		
	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a		14a		X
b				
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	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			٠,,
45	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,	47		v
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	990	2010)

		[Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			ŀ
	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	ļ
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		37	
	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		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		v
	any tax-exempt bonds? Did the exemptation act as an "an habilif of" incura for bonds outstanding at any time during the year?	24c 24d		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
254	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	<u> 23a</u>		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	'		
	Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		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		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
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			7.7
	Schedule N, Part II	32		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity?	_33		<u> </u>
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	- 33		
u	section 512(b)(13)? 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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	2010)

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

Form **990** (2010)

14b

Form 990 (2010) 52-0591413 SAINT JAMES SCHOOL 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 \mathbf{x} Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Х 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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? Section C. Disclosure 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 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

Form **990** (2010)

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

WILLIAM WIVELL, BUSINESS MANAGER - (301) 733-9330

17641 COLLEGE ROAD, ST. JAMES, MD

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

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

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.

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

- 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 per		_	(C Pos	C) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	Officer		Highest compensated employee	<u> </u>	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 DUNNAN										
HEADMASTER	40.00	X		X				122,000.	0.	0.
JEREMY H. BIGGS	0.50								•	•
BOARD MEMBER	0.50	X				<u> </u>		0.	0.	0.
JAMES L. HOLLOWAY	0.50								•	•
BOARD MEMBER	0.50	X						0.	0.	0.
ROBERT H. GARNER	2 5 6								•	
BOARD MEMBER	0.50	X		_		-		0.	0.	0.
PHILIP D. CARACI	0.50						ļ			
BOARD MEMBER	0.50	X						0.	0.	0.
HENRY B. DAVENPORT	0.50									
BOARD MEMBER	0.50	X						0.	0.	0.
ANN C. DAVIS	0.50	.,							0	•
BOARD MEMBER	0.50	X						0.	0.	0.
ADNA B. FULTON	0.50	\ 7.						0	0	•
BOARD MEMBER	0.50	X		_				0.	0.	0.
JOHN M. MATTINGLY	0.50	,				1		0.	ο.	^
BOARD MEMBER	0.50	X		_		\vdash			<u> </u>	0.
RANDALL W. BODNER	0.50	v						0.	0.	^
BOARD MEMBER	0.50	X		_		<u> </u>	-		<u> </u>	0.
GEORGE C. NEWMAN	0.50		ļ		ĺ		ĺ	0.	о.	0.
BOARD MEMBER	0.50_	^							 	- 0.
SPENCE W. PERRY	0.50	v			ļ			0.	0.	0,
BOARD MEMBER		Λ			\vdash	\vdash	╁		- 0.	
GEOFFREY P. POHANKA BOARD MEMBER	0.50	X						0.	0.	0.
SANDRA L. POLLOCK	0.30	Λ			-	 	 		•	
BOARD MEMBER	0.50	x						0.	0.	0.
GEORGE R. REINHART	0.30			-	<u> </u>					
BOARD MEMBER	0.50	x			ŀ	1	ŀ	0.	0.	0.
JAMES P. KIMMEL		**	_	-	-	-				
BOARD MEMBER	0.50	$ \mathbf{x} $						0.	0.	0.
L. LUDINGTON SELLS					-	\vdash				
BOARD MEMBER	0.50	$ \mathbf{x} $			ļ			0.	0.	0.
DOMES MEMBER								 		Form 990 (2010)

032007 12-21-10

Form **990** (2010)

Part VII Section A. Officers, Directors, Tr		mpk	oyee			High	est					
(A) (B)				•	C)	_		(D)	(E)		(F)	
Name and title	Average hours per	/,	hecl		itior that	n Lapp	N/A	Reportable	Reportable		Estimat	
	week	<u> </u>	T	\ a_i	T	T	יעיי	compensation	compensation from related		amount	
	(describe	director		1		1	i	the	organizations		ompens	
	hours for	E				둁		organization	(W-2/1099-MISC)	"	from th	
	related	ste	rase	1		25	ł	(W·2/1099-MISC)	(·· = ······,		organiza	
	organizations	를	l ag		foyee	E					and rela	ted
	in Schedule	dwd	Institutional trustee	Officer	Key employee	Highest compensated employee	E me			0	rganızat	ions
	O)	=	<u>=</u>	۴	¥	- 5	-	 				_
STEPHANIE E. SMITH-PHILLIPS	0.50	٦,		Ì		1			0			^
BOARD MEMBER	0.50	<u>^</u>	┼-	}		╁	┝	0.	0	•		<u> 0 </u>
EUGENE T. SUTTON	0.50	v						0.	0			0.
BOARD MEMBER	0.50	^	1		 	\vdash	├-			+-	-	<u> </u>
RICHARD E, WAGNER, JR. BOARD MEMBER	0.50	v			ĺ		ĺ	0.	0			0.
JOHN D. WORTHINGTON	0.30	A.	-		 	╁─	-			• -	-	_ •
BOARD MEMBER	0.50	$ _{\mathbf{x}}$]		ļ			0.	0			0.
STOCKTON N. SMITH	- 0.30					\vdash				' -		
BOARD MEMBER	0.50	x						0.	0			0.
THOMAS S. OLIN												
BOARD MEMBER	0.50	X			<u> </u>		<u> </u>	0.	0	•		0.
SABINA SPICHER]	j	ļ]	_	_			_
BOARD MEMBER	0.50	X	1	ļ	ļ.	╁	-	0.	0	+-		0.
MILO G. COERPER	0.50	77			ļ	ļ			0			0
BOARD MEMBER	0.50	X	-	-	-	┢		0.	0	+-		0.
ROBERT P.L. FRICK	0.50	v						0.	0			0.
BOARD MEMBER 1b Sub-total	0.50	Λ			<u> </u>	_	l	122,000.	0			0.
	II Caatian A							0.	0			0.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 0 0 0 0 122,000						0.						
Total number of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) w	ho r			•1		
compensation from the organization												1
											Yes	No
3 Did the organization list any former officer,			e, ke	y en	olqr	yee,	or l	highest compensated en	nployee on			
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the si	· ·							•	the organization	١.		
and related organizations greater than \$15Did any person listed on line 1a receive or									dual for convious	4	` 	X
rendered to the organization? If "Yes," com	•						Çiai	ted organization or indivi	dual for services	5		X
Section B. Independent Contractors	prote correcti	<u> </u>			<i>p</i> 0. c	30			·		<u></u>	
Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of compe	nsatio	n from	
the organization NONE									··			
(A)								(B)		0	(C)	
Name and business	address						\dashv	Description of s	ervices	Com	pensatio	on
			_				\dashv					
							ı					
<u> </u>	-						1					
									1			
2 Total number of independent contractors (including but r	ot b	mıte	d to	tho	se li	ster	d above) who received m	ore than			
\$100,000 in compensation from the organi	=			 10		ก ก		- 45040) HIIO 16001460 II	ioi o triair			

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** 2010)

Part VII Section A. Officers, Directors, 1 (A)	(B)		.,	((C)			(D)	(E)	(F)		
Name and title	Average hours	(c	Position		Position (check all that apply)				ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
JOHN S. MCINTYRE, JR. BOARD MEMBER	0.50	x						0.	0.	_0		
ROBERT E. LEE IV		<u> </u>										
SOARD MEMBER	0.50	x						0.	0.			
ELIZABETH C. OLSON			\vdash					·				
OOARD MEMBER	0.50	X						0.	0.			
JOHN E. OWENS, JR.												
BOARD MEMBER	0.50	X						0.	0.			
W. WEIR POLLARD III					ŀ							
BOARD MEMBER	0.50	X						0.	0.			
ROBERT N.H. SENER									_	_		
BOARD MEMBER	0.50	X	_	_		<u> </u>		0.	0.			
OONA D. YOUNG	0.50	3,				ļ		_	0	,		
BOARD MEMBER	0.50	X						0.	0.	C		
WILLIAM W. WENNER	0.50	v						0.	0.	0		
BOARD MEMBER	0.50	^				 			<u> </u>			
WILLIAM WIVELL BUSINESS MANAGER	40.00			x	ļ.,			0.	0.	0		
SOSTABOO TAMAGAN												
	ļ									<u> </u>		
	<u> </u>	 					-			<u></u>		
		<u> </u>								<u> </u>		
					:							
		_							<u> </u>	·		
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		ļ	<u> </u>		<u> </u>	<u> </u>						
				_		\vdash		<u> </u>	,			
									_			
		L.,	<u> </u>				L			<u> </u>		

52-0591413

Part IX Statement of Functional Expenses

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

	All other organizations must com	(3) and 501(c)(4) organiza oplete column (A) but are	not required to complet		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	1,343,950.	1,343,950.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.		}		
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees			·	
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	2,717,970.	1,925,705.	605,800.	186,465.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	185,369.	114,124.	60,845.	10,400.
9	Other employee benefits	375,529.	280,820.	87,867.	6,842.
10	Payroll taxes	223,634.	160,851.	47,661.	15,122.
11	Fees for services (non-employees)				
а	Management				
b	Legal	5,693.		5,693.	
С	Accounting	37,200.		37,200.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other	3,162.		3,162.	
12	Advertising and promotion		156 016	100 000	F0 011
13	Office expenses	404,356.	156,316.	188,829.	59,211.
14	Information technology	-			<u>.</u>
15	Royalties	200 515	200 500	10.000	
16	Occupancy	390,515.	380,508.	10,007.	2.062
17	Travel	275,509.	228,532.	44,015.	2,962.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	228,253.	228,253.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,344,401.	1,340,772.	3,629.	
23	Insurance	131,174.	131,174.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
_	amount, list line 24f expenses on Schedule O.) SERVICES	943,146.	943,146.		
a	EQUIPMENT RENTAL & MAIN	506,645.	365,806.	140,839.	
b	INSTRUCTIONAL MATERIALS	125,795.	125,795.	140,039.	
C		125,795.	125,624.		
d	STUDENT ACTIVITIES TUITION REIMBURSEMENT	116,769.	116,769.		
e		378,883.	50,714.	260,044.	68,125.
f 25	All other expenses	9,863,577.	8,018,859.	1,495,591.	349,127.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24f Joint costs. Check here if following SOP	<u> </u>	0,010,033.	1,490,0910	J43,141•
20	Joint costs. Check here 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation				5 000 (00.10)

032010 12-21-10

	rt X	Balance Sheet	- ""	<u> </u>	UJJI4IJ Tage II
			(A)		(B)
			Beginning of year		End of year
	1	Cash · non-interest-bearing	2,566,313.	1	2,597,655.
	2	Savings and temporary cash investments	986,653.	2	1,658,285.
	3	Pledges and grants receivable, net .	1,283,941.	3	828,863.
	4	Accounts receivable, net	180,940.	4	214,311.
	5	Receivables from current and former officers, directors, trustees, key			
	1	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)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instructions)		6	<u></u>
Assets	7	Notes and loans receivable, net		7_	
As	8	Inventories for sale or use	64,279.	8_	65,939.
	9	Prepaid expenses and deferred charges	38,657.	9	27,823.
	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a 37, 410, 085.			
	b	Less. accumulated depreciation 10b 14,990,845.	22,939,838.	10c	22,419,240.
	11	Investments - publicly traded securities	15 010 001	11	15 004 011
	12	Investments - other securities See Part IV, line 11	15,913,831.	12	17,994,811.
	13	Investments · program-related See Part IV, line 11	· -	13	
	14	Intangible assets	201 502	14	244 061
	15	Other assets See Part IV, line 11	321,583.	15	344,961.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	44,296,035.	16	46,151,888.
	17	Accounts payable and accrued expenses	386,266.	17	339,976.
	18	Grants payable	1 770 670	18	2,130,160.
	19	Deferred revenue	1,779,678.	19	2,130,160.
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D	·	21	
ii	22	Payables to current and former officers, directors, trustees, key employees,			
Ľ		highest compensated employees, and disqualified persons Complete Part II of Schedule L		00	
	23	Secured mortgages and notes payable to unrelated third parties	4,300,000.	22 23	4,200,000.
	24	Unsecured notes and loans payable to unrelated third parties	±,300,000.	24	4,200,000.
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	6,465,944.		6,670,136.
		Organizations that follow SFAS 117, check here X and complete	0/100/0120		0707072300
Ø		lines 27 through 29, and lines 33 and 34.			
ဥ	27	Unrestricted net assets	20,155,572.	27	20,225,040.
<u>a</u>	28	Temporarily restricted net assets	1,878,393.	28	1,379,606.
B B	29	Permanently restricted net assets	15,796,126.		17,877,106.
<u>.</u> 5	`	Organizations that do not follow SFAS 117, check here			
o F		complete lines 30 through 34.			
şţs	30	Capital stock or trust principal, or current funds		30	
\SS(31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	37,830,091.	33	39,481,752.
	34	Total liabilities and net assets/fund balances	44,296,035.	34	46,151,888.
		·		_	Form 990 (2010)

Form **990** (2010)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

За

X

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

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.

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 52-0591413 SAINT JAMES SCHOOL Part I 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.) 3 A hospital or a cooperative hospital service organization described in ection 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) 8 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.) 10 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 a ____ Type I **b** Type II d ___ Type III · Other e 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 I, Type II, 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 Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 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? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of rganization in col.) organized in the organization in col. (i) listed in vour organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes No Nο

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010 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 (b) 2007 (f) Total Calendar year (or fiscal year beginning in) (a) 2006 (c) 2008(d) 2009(e) 2010 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 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 % 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2009 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	

Schedule A (Form 990 or 990-EZ) 2010

17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here, Explain in Part IV how the organization

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

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

and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990 EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	21044, picase com	ipiete i artii j				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	-					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b Public support (Subtract line 7c from line 6)						
	ction B. Total Support		-	<u> </u>		<u> </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)	the eventuality	lo funct accord At-	rd fourth and the	100 100 100 100 100 100 100 100 100 100	n F01(a)(3)	L
14	First five years. If the Form 990 is for	trie organization	s iirst, secona, thi	iu, iouriii, or iiith t	ax year as a section	on au (c)(a) organiz	auon,
Sec	check this box and stop here ction C. Computation of Publi	c Support Pa	ercentage				
	Public support percentage for 2010 (II			column (f)		15	
	,, , , , , ,	, ,,,	•	Column (i))		15	
	Public support percentage from 2009 ction D. Computation of Inves					110	<u></u>
	Investment income percentage for 20					17	
				rie 13, column (I))			
18			•	on line 14 and to	a 15 is mare them	33 1/3% and line 1	
เษอ	33 1/3% support tests - 2010. If the	_					17 IS 110L ▶□
	more than 33 1/3%, check this box ar	•	•	•			► ∟
	33 1/3% support tests - 2009. If the	-					
22	line 18 is not more than 33 1/3%, che		-				<u> </u>
	Private foundation. If the organization	i did not check a	LOOK ON INE 14, 15	a, or 190, check t			0 000 57\ 00
0320	23 12-21-10				Sc	hedule A (Form 99	∪ or 99U-EZ)2(

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	SAINT JAMES SCHOOL	52-0591413
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 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 advised ful	nds
J	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
U	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
		Yes No
Pa	impermissible private benefit? I Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	
		, 1116 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	• •
	Protection of natural habitat Preservation of a certified h	nistoric structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	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
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	inization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	-
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(
	and section 170(h)(4)(B)(ii)?	L Yes L No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	rganization's accounting for
<u> </u>	conservation easements (A + Historical Tourism College)	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	•
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	f public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	► \$ ► \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	► \$ ► \$
b	Assets included in Form 990, Part X	▶ \$

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

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

	iumn (b) must equal Form 990, Part X, col (B) line 15)	
Part X	Other Liabilities. See Form 990, Part X, line 25	
l <u>. </u>	(a) Description of liability	(b) Amount
(1) Fe	ederal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
		_ I

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)
FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the or
En 48 (ASC 740) ncial statements that reports the organization's liability for uncertain tax positions under

032053

Schedule D (Form 990) 2010

(1) Financial derivatives (2) Closely-held equity interests

(A) COMMON STOCKS

(C) US TREASURY

(D) MONEY MARKET

(3) Other

(E) (F) (G) (H) <u>(l)</u>

(1) (2) (3) (4)(5) (6) (7) (8) (9) (10)

(1) (2)(3)(4) (5) (6) (7) (8)_ (9)(10) (a) Description of security or category

(including name of security)

(B) CORPORATE BONDS AND NOTES

Total (Col (b) must equal Form 990, Part X, col (B) line 12.)

(a) Description of investment type

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15.

	edule D (Form 990) 2010 SAINT JAMES SCHOOL			<u>0591413</u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited F	inancial Stat	ement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		9,536	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		<u>9,863</u> ,	<u>,577.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		-327	<u>404.</u>
4	Net unrealized gains (losses) on investments	4		1,979	065.
5	Donated services and use of facilities	_ 5			
6	Investment expenses	6			
7	Prior period adjustments	7			
8	Other (Describe in Part XIV)	8			
9	Total adjustments (net) Add lines 4 through 8	9		1,979	065.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		1,651	661.
Pai	rt XII Reconciliation of Revenue per Audited Financial Statements With R	evenue per l	Return	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements		1	11,540	401.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains on investments 2a 1	,979,065	<u>.</u>]		
b	Donated services and use of facilities 2b	<u>25,163</u>	<u>.</u>]		
С	Recoveries of prior year grants		_		
d	Other (Describe in Part XIV.)				
е	Add lines 2a through 2d		2e	2,004	228.
3	Subtract line 2e from line 1		3	9,5 <u>36</u> ,	<u>.173.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		_]]		
b	Other (Describe in Part XIV)		_		
С	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	9,536,	173.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With I	Expenses per	r Retu		
1	Total expenses and losses per audited financial statements		1	9,888,	740.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1 1		
а	Donated services and use of facilities	25,163	<u>.</u>		
b	Prior year adjustments2b				
C	Other losses 2c		_		
d	Other (Describe in Part XIV)		_		
е	Add lines 2a through 2d		2e	25,	163.
3	Subtract line 2e from line 1		3	9,863,	<u>577.</u>
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 XIV)		_		
C	Add lines 4a and 4b		4c		0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	9,863	<u>577.</u>
Pa	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and ie 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part				4; Part
		·-	Caba=	tula D /Farm O	001 0044

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

		<u>0591</u>	<u>413</u>	
Pa	11		1	
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		l	
	other governing instrument, or in a resolution of its governing body?	1	X	<u> </u>
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		1	
	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			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes		}	
	the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain.			
	If you need more space, use Part II	3	X	
	NONDISCRIMINATORY AD PLACED IN THE NEWSPAPER "THE BALTIMORE			
	SUN" AND THE "WASHINGTON POST"		·	[
4	Does the organization maintain the following?			Ì
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		İ	ĺ
	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 Part II			}
				•
5	Does the organization discriminate by race in any way with respect to.			
а	Students' rights or privileges?	5a	<u> </u>	X
b	Admissions policies?	5b_		X
¢	Employment of faculty or administrative staff?	5c	<u> </u>	X
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	_5f		X
g	Athletic programs?	<u>5g</u>	<u> </u>	X
h	Other extracurricular activities?	5h	ļ	X
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II.			
			1	1
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			

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

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

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of

Schedule E (Form 990 or 990-EZ) 2010

Schedule E	(Form 990 or 990 EZ) (2010) SAINT JAMES SCHOOL	52-059 14 13 Page:
Part II	Form 990 or 990-EZ) (2010) SAINT JAMES SCHOOL Supplemental Information. Complete this part to provide the explanations required by Part I as applicable. Also complete this part to provide any other additional information.	l, lines 3, 4d, 5h, 6b, and 7,
	as applicable. Also complete this part to provide any other additional information.	
		
		

Schedule I (Form 990) (2010) **2** Employer identification number 52-0591413 Open to Public OMB No 1545-0047 2010 Inspection (h) Purpose of grant or assistance X 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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 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. (d) Amount of cash grant (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable Enter total number of section 501(c)(3) and government organizations SAINT JAMES SCHOOL General Information on Grants and Assistance (p) EIN critena used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Partl Part II

Page 2 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) 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. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information ENSURING THAT THE AMOUNTS ARE (d) Amount of non-cash assistance FINANCIAL AID AND AWARDS ARE PAID DIRECTLY TO THE EDUCATIONAL 40,000 1,303,950 (c) Amount of cash grant (b) Number of recipients INSTITUTION AND NOT TO THE INDIVIDUALS, SAINT JAMES SCHOOL UTILIZED IN THE MANNER INTENDED (a) Type of grant or assistance FINANCIAL AID & OTHER SCHOLARSHIPS Schedule I (Form 990) (2010) MERIT & OTHER AWARDS Part III

52-0591413

Schedule I (Form 990) (2010)

40

032102 01-13-11

Schedule K (Form 990) 2010 financing (i) Pooled Yes No × Employer identification number OMB No 1545-0047 Open to Public ŝ å Inspection (g) Defeased (h) On behalf 52-0591413 Yes No of issuer × ۵ Yes Yes ž × Yes å ŝ BA (f) Description of purpose O TO BE USED FOR 5000000.PROJECT COSTS Yes Yes Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V. ŝ ŝ ▶ See separate instructions. 8 Yes Yes (e) Issue price CONTINUATIONS × × × × ŝ ŝ (d) Date issued 12/01/99 ⋖ Yes Yes 41 (王) SEE PART V FOR COLUMN 02-02-11 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) CUSIP# NONE Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, ► Attach to Form 990. (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? JAMES SCHOOL which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds T INVESTMENT GROUP Capital expenditures from proceeds Credit enhancement from proceeds SAINT Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds (a) issuer name Part III Private Business Use Other unspent proceeds bond-financed property? Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization **Bond Issues** Proceeds Department of the Treasury Internal Revenue Service SCHEDULE K Form 990) B Part II ΑM Part I ß Ç ۵ N က 4 9 œ σ 9 12 13 4 15 9 17 œ

Schedule K (Form 990) 2010 SAINT JAMES SCHOOL			52-(52-0591413				Page 2
Use (Continued)								
	4		8			S)	۵	
3a Are there any management or service contracts that may result in private histories use of hand-financed property?	Yes	°×	Yes	ON N	Yes	S.	Yes	<u>Q</u>
Are there any research agreements that may result in private business use of hond-financed property?		×						
c Does the organization routinely engage bond counsel or other outside								!
4 Enter the percentage of financed property used in a private business use by				à				6
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government	-	%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
Į.								
		×						
Part IV Arbitrage								
	,	A		8		S	٥	
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes	S N	Yes	Š	Yes	N _O	Yes	No O
Arbitrage Rebate, been filed with respect to the bond issue?		×						
2 Is the bond issue a variable rate issue?		×						
_ ا								
hedge with respect to the bond issue?		×						
b Name of provider							;	
c Term of hedge .								!
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		×						
b Name of provider			ļ	ļ				
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the								
GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		×						
6 Did the bond issue qualify for an exception to rebate?		×						
Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K	responses to	questions on	Schedule K					
NAME: M &			ļ					
DESCRIPTION OF PURPOSE:				ì				
BE USED FOR PROJ	OF	ISSUANCE.						İ

Schedule K (Form 990) 2010

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

Department of the Treasury
Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

SAINT JAMES SCHOOL

Employer identification number 52-0591413

DATINI CAMED DENOCE 1 32 0371413
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.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 1,979,065.
THE ORGANIZATION'S PROCESS OF OBTAINING AUDITED FINANCIAL STATEMENTS
HAS NOT CHANGED FROM PRIOR YEAR.

Form **8868**

(Rev. January 2011)

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. 1-2011)

• If yo	u are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		•	X
If yo	u are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of this	form).		
Do not	complete Part II unless you have already been granted a	an automat	tic 3-month extension on a previously fil	ed For	m 8868	
	onic filing (e-file). You can electronically file Form 8868 if y					
	d to file Form 990-T), or an additional (not automatic) 3-mor					
	to file any of the forms listed in Part I or Part II with the exc					
	al Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details on th	ne elec	tronic filing of this	form,
	www.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part						
-	oration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and com	plete		
Part I c	•	IICa aadti	musta must use Form 7004 to mayout an	ovton	nion of time	
	er corporations (including 1120-C filers), partnerships, REM ncome tax returns.		usts must use Form 7004 to request an			
Туре	Name of exempt organization			Empl	oyer identificatio	n number
print	CAINM TAMES SCHOOL		1	5.	2-0591413	
File by th	SAINT JAMES SCHOOL		~!!	<u> </u>	2-0371413	
Number, street, and room or suite no. If a P.O. box, see instructions 17641 COLLEGE RD						
instructio		oreign add	ress see instructions			
		(()				
Enter t	he Return code for the return that this application if in the	a separa	te application for each return)			0 1
Applic	ation	Return	Application			Return
ls For		ole	Is For			Code
Form 9	990	\ 01	Form 990-T (corporation)			07
Form 9	990-BL	02	Form 1041-A			08
Form 9	990-EZ	03	Form 4720			09
	990-PF	04	Form 5227			10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	990-T (trust other than above) WILLIAM WIVELL	DIIC	Form 8870			12
• Th.	a books are in the care of ► 17641 COLLEGE I			1		
	ephone No. ► (301) 733-9330		FAX No. ► 301-733-8884			· ·
	ne organization does not have an office or place of business	s in the Ur				→ □
	ns is for a Group Return, enter the organization's four digit		·	ıs ıs for	the whole group,	check this
box 🕨		-				
	request an automatic 3-month (6 months for a corporation FEBRUARY 15, 2012, to file the exemp	required	to file Form 990-T) extension of time unt	al		
	is for the organization's return for:	gamea				
Ì	calendar year or					
1	X tax year beginning JUL 1, 2010	, an	d ending JUN 30, 2011		<u> </u>	
2	If the tax year entered in line 1 is for less than 12 months, c Change in accounting period	check reas	on: Initial return Fina	al retur	n	
	If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any	2-	e	0.
	nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069,	anter act	refundable credits and	3a	\$	
	if this application is for Form 990-PF, 990-1, 4720, or 6009, estimated tax payments made. Include any prior year overp	-		3ь	\$	0.
	Balance due. Subtract line 3b from line 3a. Include your pa			35		
	by using EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.
	on. If you are going to make an electronic fund withdrawal	•			EO for payment in	

LHA

For Paperwork Reduction Act Notice, see Instructions.