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 $_{\text{Form}}990$ 

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

2010

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2010 ca	ılendar year, or tax year begir	nning 07-01-2010 and ending 06-30-20	11		
<b>B</b> Ch	eck ıf a	pplicable	C Name of organization JAMES RIVER DAY SCHOOL INC			D Employe	ridentification number
Add	tress cl	hange	Doing Business As			54-089	1225
Na	me cha	inge	Doing business As			E Telephon	e number
_ Init	ıal retu	ırn		ıf maıl ıs not delivered to street address)	Room/suite	(434) 38	34-7385
Tei	mınate	ed	5039 BOONSBORO ROAD				
_ Am	ended	return	City or town, state or country, ai	nd ZIP + 4		<b>G</b> Gross rece	eipts \$ 2,504,269
— Apı	olication	n pending	LYNCHBURG, VA 24503				
			<b>F</b> Name and address of p	orincipal officer	H(a) Is this	a group return for a	filiates? Yes No
			PETER YORK 5039 BOONSBORO ROA	.D			
			LYNCHBURG, VA 24503			l affiliates include	ed?   Yes   No st (see instructions)
						o, attach a h up exemption	
r Ta	x-exen	npt status	<b>&gt;</b> 501(c)(3)   501(c)() .	◀ (insert no )			
J W	ebsit	<b>e:►</b> N/A	4				
<b>K</b> For	n of or	ganızatıon	Corporation Trust Associa	ation Other 🕨	L Year of fo	rmation 1971	<b>M</b> State of legal domicile VA
Pa	rt I	Sum	mary				
			<del>-</del>	sion or most significant activities			
œ,		DIRECT	EDUCATION OF STUDENTS	5 (KINDERGARTEN THRU EIGHTH GRA	ADE)		
Activities & Governance							
<b>≣</b>							
Ş Q			•	discontinued its operations or disposed		1	ı
ø				erning body (Part VI, line 1a)		3	
<u>e</u> 8				rs of the governing body (Part VI, line 1 in calendar year 2010 (Part V, line 2a)		. 4	
			mber of volunteers (estimate			6	
ទ្			•	n Part VIII, column (C), line 12		78	
				e from Form 990-T, line 34		71	
					Pric	or Year	Current Year
	8	Contri	butions and grants (Part VIII	, line 1 h)	-	186,307	210,790
ПË	9	Progra	ım service revenue (Part VIII	, line 2g)		2,086,296	2,271,860
Revenue	10	Invest	tment income (Part VIII, colu	mn (A), lines 3, 4, and 7d)		-603	-564
Ξ.	11			A), lines 5, 6d, 8c, 9c, 10c, and 11e)		80,083	20,521
	12			11 (must equal Part VIII, column (A), lı	ine	2,352,083	2,502,607
	13			art IX, column (A), lines 1-3)		0	217,661
	14	Benefi	ts paid to or for members (Pai	rt IX, column (A), line 4)		0	0
υħ	15		es, other compensation, emplo	oyee benefits (Part IX, column (A), lines	5 –	1 600 511	1.760.521
Expenses	16a	10)	cional fundraicing food (Part I	X, column (A), line 11e)		1,689,511	
क <del>≘</del>	b		• ,	, , , , , ,			
Δ	17		ndraising expenses (Part IX, column	(D), line 25) (D), lines 11a-11d, 11f-24f)		817,843	697,386
	18			nust equal Part IX, column (A), line 25)		2,507,354	· · · · · · · · · · · · · · · · · · ·
	19			ne 18 from line 12		-155,271	1
8 %					Beginnin	g of Current	End of Year
Net Assets or Fund Balances						rear	
Sea Ba	20		assets (Part X, line 16)			4,327,665	
5.5 2.5	21		labilities (Part X, line 26)	ct line 21 from line 20		1,184,862 3,142,803	
	22 1311		ature Block	ct line 21 from fine 20		3,142,803	3,017,010
Jnde	r pena	lties of p	erjury, I declare that I have exar	nined this return, including accompanying			
	ledge . ledge.		f, it is true, correct, and comple	te. Declaration of preparer (other than offi	cer) is based on	all information	of which preparer has any
		****				011-09-15	
Sigr		Signa	ature of officer		D	ate	
Her	=		Y W RISER ASSISTANT HEAD OF SCH or print name and title	HOOL			
	1	Print/Type		Preparer's signature	Date	Check if self-	PTIN
D~: ~		preparer's		DAVIDSON DOYLE HILTON LLP	Date	employed •	FILIN
Paid Prepa	arer	Fırm's naı	me 🕨 DAVIDSON DOYLE & HILTON LI		'		Firm's EIN
Use (		Firm's add	dress PO BOX 800				Phone no • (434) 846-
			LYNCHBURG, VA 24505080	0			7611

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

Form	n 990 (2010)				Page <b>2</b>
Par		of Program Service Aule O contains a response	Accomplishments to any question in this Part III		୮
1	Briefly describe the oi	rganızatıon's mıssıon			
СНЕ	RISHES CHILDREN AN	ID CHALLENGES THEM 1	O BECOME SCHOLARS, LEADE	RS, AND CITIZENS FOR TI	HE 21ST CENTURY, IN A
COM	MUNITY OF ACADEM	IC EXCELLENCE			
2	Did the organization in	ndortako any significant n	rogram services during the year v	which ware not listed on	
2	the prior Form 990 or	990-EZ?			Yes ✓ No
	If "Yes," describe thes	e new services on Schedi	ıle O		
3			significant changes in how it con		└ Yes └ No
	If "Yes," describe thes	e changes on Schedule O			
4	Section 501(c)(3) and	501(c)(4) organizations	each of the organization's three la and section 4947(a)(1) trusts ar venue, if any, for each program se	e required to report the amo	
4a	(Code DIRECT EDUCATION OF S	, , ,	2,304,435 including grants of \$ OUGH EIGHTH GRADE), SERVING 264 S	) (Revenue \$ TUDENTS	2,270,205 )
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	-				
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program service	es (Describe in Schedule	· O )		
	(Expenses \$	•	g grants of \$	) (Revenue \$	)
4e	Total program service	e expenses <b>&gt;</b> \$	2,304,435		

Part IV	<b>Checklist of</b>	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
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		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		Νο
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 (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20Ь		

1 01111	990 (2010)			Page •
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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		No
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		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (	2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
	<u> </u>		Yes	No
Е	nter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
_	1a 2			
) E	nter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	id the organization comply with backup withholding rules for reportable payments to vendors and reportable aming (gambling) winnings to prize winners?	1c		
_	nter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Si	tatements filed for the calendar year ending with or within the year covered by this			
	at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
		2b	Yes	
	ote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	ear?	3a		No
Ιf	"Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
01	t any time during the calendar year, did the organization have an interest in, or a signature or other authority ver, a financial account in a foreign country (such as a bank account, securities account, or other financial eccount)?	4a		N c
	"Yes," enter the name of the foreign country 🕨			
S	ee instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
W	as the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N c
	id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N c
Ιf	"Yes" to line 5a or 5b, did the organization file Form 8886-T?	35		
		5c		
	oes the organization have annual gross receipts that are normally greater than \$100,000, and did the ganization solicit any contributions that were not tax deductible?	6a		No
	"Yes," did the organization include with every solicitation an express statement that such contributions or gifts ere not tax deductible?	6b		
o	rganizations that may receive deductible contributions under section 170(c).			
	id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ervices provided to the payor?	7a		N
Ιf	"Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	id the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	<b>7</b> -		NI.
	e Form 8282?	7c		N
	the state of the s			
	id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		No
	id the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N c
	the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g		
	equired?	<i>'</i> 9		
F	orm 1098-C?	7h		
th	ponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did se supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess usiness holdings at any time during the year?	8		
Sı	ponsoring organizations maintaining donor advised funds.			
	id the organization make any taxable distributions under section 4966?	9a		
D	id the organization make a distribution to a donor, donor advisor, or related person?	9b		
S	ection 501(c)(7) organizations. Enter			
Ιr	nitiation fees and capital contributions included on Part VIII, line 12 10a			
	ross receipts, included on Form 990, Part VIII, line 12, for public use of club  cilities			
	ection 501(c)(12) organizations. Enter			
	ross income from members or shareholders			
	ross income from other sources (Do not net amounts due or paid to other sources			
a	gainst amounts due or received from them)..........             11b			
	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	"Yes," enter the amount of tax-exempt interest received or accrued during the ear			
S	ection 501(c)(29) qualified nonprofit health insurance issuers.			
	the organization licensed to issue qualified health plans in more than one state? ote. See the instructions for additional information the organization must report on Schedule O	13a		
_	nter the amount of recognize the organization is required to make the attention to			
	nter the amount of reserves the organization is required to maintain by the states which the organization is licensed to issue qualified health plans			
Е	nter the amount of reserves on hand			
		1/1-		NI -
	id the organization receive any payments for indoor tanning services during the tax year?	14a		Νo

20

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

Check if Schedule O contains a response to any question in this Part VI										. F	7
---	--	--	--	--	--	--	--	--	--	-----	---

Se	ction A. Governing Body and Management					
					Yes	No
	,		1			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2	Yes	
3	Did the organization delegate control over management duties customarily performe	d by c	or under the direct	3		 No
4	supervision of officers, directors or trustees, or key employees to a management co Did the organization make any significant changes to its governing documents since		•			
	filed?			4		N o
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		N o
6	Does the organization have members or stockholders?			6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect governing body?	one c	or more members of the	7a		Νο
ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ui	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	•		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,	who c	annot be reached at the		163	
Se	organization's mailing address? If "Yes," provide the names and addresses in Sched ction B. Policies (This Section B requests information about policies not			9		Νο
	venue Code.)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o			10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governi	_		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	90			
12-	Does the organization have a written conflict of interest policy? If "No," go to line 13			12-	Yes	
				12a	res	
	Are officers, directors or trustees, and key employees required to disclose annually to conflicts?	•		12b	Yes	
C	Does the organization regularly and consistently monitor and enforce compliance will describe in Schedule O how this is done		policy? If "Yes,"	12c	Yes	
13	Does the organization have a written whistleblower policy?			13	Yes	
14	Does the organization have a written document retention and destruction policy? $\ \ .$			14	Yes	
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the		• • •			
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
ь	Other officers or key employees of the organization			15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )					
	,					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?		ılar arrangement with a	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the org participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	en ste	ps to safeguard the	164		
		-	<del>-</del>	16b		
	ction C. Disclosure  List the States with which a copy of this Form 990 is required to be filed▶					
17			0 and 0.00 T (F.0.1 (-)			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you make these available. Cf. Own website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing interest policy, and financial statements available to the public. See Additional Data					

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

# 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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

Check this box if neither the organization no<u>r any related organization compensated any current officer, director, or trustee</u>

<b>(A)</b> Name and Title	(B) Average hours	Posi t	tion ( that a	(che		II		( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) HELLEN P CARRINGTON CHAIR	2 00	х		Х				0	0	0
(2) HEATHER BARNARD DIRECTOR	2 00	х						0	0	0
(3) CANDACE CAPRISE DIRECTOR	2 00	х						0	0	0
(4) ANNE M DICKERSON CO-VICE CHAIR	2 00	х		х				0	0	0
(5) MICHAEL A BROGAN CO-VICE CHAIR	2 00	х		х				0	0	0
(6) DARYL S BURGESS DIRECTOR	2 00	х						0	0	0
(7) JOESPH A ZWETOLITZ DIRECTOR	2 00	х						0	0	0
(8) JOHN R ALFORD JR DIRECTOR	2 00	х						0	0	0
(9) CLUNET H PETTYJOHN III DIRECTOR	2 00	х						0	0	0
(10) BILL VARNER DIRECTOR	2 00	х						0	0	0
(11) SANDY AINSLIE SECRETARY	2 00	х		х				0	0	0
(12) RANDY NEXSEN TREASURER	2 00	х		х				0	0	0
(13) LUCY COOK DIRECTOR	2 00	х						0	0	0
(14) SACKETT WOOD DIRECTOR	2 00	х						0	0	0
(15) DAVID L HEAD DIRECTOR	2 00	х						0	0	0
(16) DICK CARRINGTON DIRECTOR	2 00	Х						0	0	0

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

	<b>(A)</b> Name and Title	(B) Average hours per	1	tion :			II		( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related		(F) Estima imount o	ited fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	0	from t rganızatı relate organıza	:he on and ed
(17) DIRE	D TODD IRBY CTOR	2 00	х						0		0		0
(18) DIRE	ERIC J SORSENSON JR CTOR	2 00	х						0		0		0
(19) DIRE	W KENT VAN ALLEN CTOR	2 00	х						0		0		0
(20) DIRE	CORNELIA CHRISTIAN CTOR	2 00	х						0		0		0
	MARY W RISER OF SCHOOL - EX OFFICI	50 00			х		х		0	115,49	)1		5,452
								_			+		
											-		
								<u> </u>					
1b	Sub-Total				•	•		<u> </u>					
c	Total from continuation sheets	•					•				_		
d	Total (add lines 1b and 1c) .							<b>-</b>	0	115,491			5,452
2	Total number of individuals (inclu \$100,000 in reportable compens	-				ted	above)	) who	received more tha	n			
												Yes	No
3	Did the organization list any form					ey e	mploy	ee, c	or highest compens	ated employee			
4	on line 1a? If "Yes," complete Sch					•		•			3		N o
4	For any individual listed on line 1 organization and related organization individual										4		No
5	Did any person listed on line 1a								_				
	services rendered to the organiza	atıon? <i>If</i> "Yes," (	complete	e Sch	edul	e J fo	or such	n per:	son		5		N o
Se	ection B. Independent Cont	tractors											
1	Complete this table for your five \$100,000 of compensation from			ndep	ende	ent c	ontrac	ctors	that received more	e than			
	Nam	( <b>A)</b> ne and business add	dress						Descr	(B) uption of services		<b>(C</b> ) Compen	
											$\blacksquare$		

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 **>**0

Form 99							Pa	age <b>9</b>
Part V		Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues	. 1c . 1d 1e , and 1f enes 1a-1f \$	210,790	210,790			314
Program Service Revenue	c d e f	TUITION & RELATED FEES LUNCH & SNACK SALES AUXILIARY ACTIVITIES  All other program service re  Total. Add lines 2a-2f		900099 900099 900099	2,149,293 78,307 44,260 2,271,860			
	4 5 6a b	Investment income (including and other similar amounts) Income from investment of tax-ext. Royalties	empt bond proceeds	(II) Personal	1,091			22,677
Other Revenue	7a  b  c d 8a  b c 9a b c 10a	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)  Net gain or (loss)   Gross income from fundraisi (not including  \$ of contributions reported on See Part IV, line 18  Less direct expenses .  Net income or (loss) from fundraisi Gross income from gaming a	(i) Securities  (ii) Securities  (iii) Securitie	(II) O ther 7 1,662 -1,655	-1,655			
	b c d	All other revenue		900099 900099	-233 -1,923			-23 -1,92
		Total. Add lines 11a-11d  Total revenue. See Instructi	▶		-2,156 2,502,607		0	21,612

	990 (2010)				Page <b>10</b>
Par	t IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations mus			<b>(D)</b>	
	ll other organizations must complete column (A) but are not required to o		(B) (C), and	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$				_
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	217,661	217,661		
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	120,943	100,382	16,932	3,629
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	1,410,076	1,170,364	197,410	42,302
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	53,949	44,778	7,552	1,619
9	Other employee benefits	53,807	44,660	7,533	1,614
10	Payroll taxes	121,756	<u>'</u>	17,046	3,653
а	Fees for services (non-employees) Management				
ь	Legal				
c	Accounting	6,677		6,677	
d	Lobbying	0,077		5,077	
	Professional fundraising services See Part IV, line 17				
e •					
f	Investment management fees				
g 12	Other	12.602	12.602		
12	Advertising and promotion	12,683	12,683	12.605	
13	Office expenses	13,685		13,685	
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Payments of travel or entertainment expenses for any federal,	923	461	462	
	state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	35,051	31,804	3,247	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	191,049	,		
23	Insurance	22,600		22,600	
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)				
а	MILK AND LUNCHES	92,368	92,368		
ь	UTILITIES	58,965	58,965		
С	INSTRUCTIONAL SUPPLIES	28,929	28,929		
d	PROFESSIONAL DEVELOPMEN	19,966	19,966		
e	TEXTBOOKS	18,203			
f	All other expenses	196,287			
25	Total functional expenses. Add lines 1 through 24f	2,675,578	· ·	·	52,817
26	Joint costs. Check here ► if following	2,573,570	2,504,455	310,320	32,017
20	SOP 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				
	Fargurant and an analysis and	•	<u> </u>		

Part X Balance Sheet (A) (B) Beginning of year End of year 51,731 193,224 1 580 2 10,409 2 Savings and temporary cash investments . . . . . . . 18,557 8,139 3 3 56,709 47,100 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 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 employees' beneficiary organizations (see instructions) Assets 6 7 8 8 Prepaid expenses and deferred charges . . . . 20,010 9 6,510 10a Land, buildings, and equipment cost or other basis Complete 6.138.598 10a Part VI of Schedule D ь Less accumulated depreciation . . . . . 10b 2.312.367 3.992.664 10c 3.826.231 11 11 197,023 12 235,051 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 4,327,665 16 4,336,273 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 11,288 4.699 17 Accounts payable and accrued expenses . 17 18 18 605.065 19 19 761.780 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 567.454 23 23 551.729 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 1.055 25 1,055 Other liabilities Complete Part X of Schedule D . . . . . 26 1,184,862 26 1,319,263 **Total liabilities.** Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 3.099.031 27 2.988.663 Temporarily restricted net assets . . . . . 18,347 28 33,772 28 Fund 10,000 10,000 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 3,142,803 3,017,010 33 Total net assets or fund balances . . . . 33 34 Total liabilities and net assets/fund balances . . . . . 4.327.665 4.336.273 34

Pa	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2 [	502,60
2	Total expenses (must equal Part IX, column (A), line 25)	2			575,57
3	Revenue less expenses Subtract line 2 from line 1	3			, 172,97
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,1	142,80
5	Other changes in net assets or fund balances (explain in Schedule O)	5			47,17
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		3,0	017,01
Pai	Tt XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			৮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	ssued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	_	

### DLN: 93493258005121

**Employer identification number** 

OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization JAMES RIVER DAY SCHOOL INC

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section

**Public Charity Status and Public Support** 

4947(a)(1) nonexempt charitable trust.

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

54-0891225 Reason for Public Charity Status (All organizations must complete this part.) See instructions

	organı		•	e foundation becaus	,		- '		•		
1			•	on of churches, or as				ection 170(	(b)(1)(A)(i).		
2	<u> </u>			In section 170(b)(1				470/13/4			
3 4		A medi	cal research	perative hospital sei n organization operat ty, and state						(1)(A)(iii).	Enter the
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit							tal unit des	cribed in	
		section 170(b)(1)(A)(iv). (Complete Part II )									
6	Γ	A feder	al, state, or	local government or	government	al unit desci	rıbed ın <b>secti</b>	on 170(b)(	1)(A)(v).		
7	Γ	describ	ed in	at normally receives  A)(vi) (Complete P		I part of its	support from	a governm	ental unit or f	rom the ger	neral public
8	Γ	A comr	nunity trust	described in <b>section</b>	170(b)(1)(A	A)(vi) (Com	nplete Part II	)			
9	$\sqcap$	Anorga	anızatıon tha	at normally receives	(1) more tha	an 331/3% d	of its support	from contr	ıbutıons, men	nbership fee	s, and gross
		receipt	s from activ	ities related to its ex	empt functio	ns—subject	to certain ex	ceptions,	and (2) no mo	re than 33	1/3% of
				oss investment incoi							
		acquire	d by the org	janızatıon after June	30,1975 S	ee <b>section 5</b>	<b>609(a)(2).</b> (C	omplete Pa	art III )	,	
10	$\sqcap$			ganızed and operated							
11	Γ	one or i	more public	ganized and operated ly supported organized bes the type of supp <b>b</b> Type II	atıons descrı ortıng organı	bed in secti zation and c	on 509(a)(1)	or section s 11e thro	1509(a)(2) S ugh 11h	ee <b>section</b>	
e f	Γ	other th section	nan foundatı 509(a)(2)	ox, I certify that the on managers and other received a written de	ner than one	or more pub	licly supporte	ed organiza	ations describ	ed in section	on 509(a)(1) or
•			his box	received a written de	stermination	nom the in.	5 (114) (11) 4	iype I, iyp	be II of Type	III support	
g		Since A followin	ugust 17, 2 g persons?	2006, has the organi rectly or indirectly c	•						Yes No
		and (III)	) below, the	governing body of th	e the suppor	ted organıza	ition?			11	g(i)
		(ii) a fa	mily membe	er of a person descri	bed in (i) abo	ve?				119	ı(ii)
		(iii) a 3	5% control	led entity of a persoi	n described i	n (ı) or (ıı) a	bove?			110	ı(iii)
h 		Provide	the followin	ng information about	the supporte	d organizati	on(s)				
(i) Name suppo organiz		e of (ii) orted EIN		(iii) Type of organization (described on lines 1- 9 above or IRC section (see (iv) Is the organization in col (i) listed in your governing document?		on in ed in rning	d in col (i) of your support?		(vi Is th organıza col (ı) orç ın the U	ne tion in ganized	(vii) A mount of support
				instructions))	Yes	No	Yes	No	Yes	No	
Tota	I										

# Part II 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.)

	dider rate III. If the	organización i	ans to quanty t	maci the tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude 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						
	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						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	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	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>	_	r		•	. , . , -	<b>▶</b> ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (	f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							<del> </del>
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, chec	
	and <b>stop here.</b> The organization qua	•				2.2.4.204	<b>▶</b> [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. <del>-</del>
17-	box and <b>stop here.</b> The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
<b>L</b>	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15		16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. 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

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

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As Filed Data -

DLN: 93493258005121

OMB No 1545-0047

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. Open to Public Inspection

**Employer identification number** Name of the organization JAMES RIVER DAY SCHOOL INC 54-0891225 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$ \_\_\_\_ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part 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. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	Using the organization's accession and othe	r records, check any		followin		re a significa				<b>,</b>
	items (check all that apply) —									
а	Public exhibition		d	Loa	n or exc	hange prog	rams			
b	Scholarly research		e	┌ oth	er					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and expla	ın how	they furt	her the	organızatıor	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit of	or receive donations	of art,	, hıstorıc	al treas	ures or othe	rsım	nılar	_	_
	assets to be sold to raise funds rather than t		<u> </u>						Yes	No
Par	Part IV, line 9, or reported an an					n answere	d "Y	es" to Form	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		•		butions	or other ass	ets i	not	┌ Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the i	followi	ng table		Γ		Α	mount	
c	Beginning balance						1c			
d	Additions during the year					f	1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 000 Part V line	. 212			L			┌ Yes	
	If "Yes," explain the arrangement in Part XIV		. 21.						, 165	, 140
	rt V Endowment Funds. Complete		ancy	vered "\	/as" to	Form 990	Dar	t IV line 10		
r G	Endownient i unus. complete	(a)Current Year		Prior Year		wo Years Back		Three Years Back		Years Back
1a	Beginning of year balance	93,510		87,6	520					
b	Contributions									
c	Investment earnings or losses	24,080		10,2	263					
d	Grants or scholarships									
e	Other expenditures for facilities and programs	5,066		4,:	373					
f	Administrative expenses									
g	End of year balance	112,524		93,	510					
2	Provide the estimated percentage of the yea	r end balance held a	is						•	
а		100 000 %								
ь	Permanent endowment 🕨									
b c	Permanent endowment ►  Term endowment ►									
		ssion of the organiza	ation th	nat are h	eld and	admınıstere	d for	the		
c	Term endowment ►  Are there endowment funds not in the posses organization by		ation th	nat are h	eld and	admınıstere	d for		Yes	
c	Term endowment ►  Are there endowment funds not in the posses organization by  (i) unrelated organizations					admınıstere 	d for	3a	(i)	Νο
с За	Term endowment  Are there endowment funds not in the posses organization by  (i) unrelated organizations						d for	3a	(i) (ii)	
c 3a b	Term endowment   Are there endowment funds not in the posses organization by  (i) unrelated organizations		 d on So	 :hedule F			d for • •	3a	(i)	Νο
c 3a b	Term endowment Are there endowment funds not in the posses organization by  (i) unrelated organizations		 d on So lowme	 :hedule F nt funds				3a	(i) (ii)	No
c 3a b	Term endowment Are there endowment funds not in the posses organization by  (i) unrelated organizations		 d on So lowme		990, P	ort X, line		3a 3a	(i) (ii) 8b	No No
c 3a b	Term endowment Are there endowment funds not in the posses organization by  (i) unrelated organizations		 d on So lowme	 :hedule F nt funds	990, P	Part X, line		3a	(i) (ii) 8b	Νο
c 3a b 4 Par	Term endowment Are there endowment funds not in the posses organization by  (i) unrelated organizations		 d on So lowme		990, P	Part X, line  (b)Cost or or basis (other		3a	(i) (ii) 8b	No No
c 3a b 4 Par	Term endowment Are there endowment funds not in the posses organization by  (i) unrelated organizations		 d on So lowme		990, P	Part X, line (b)Cost or of basis (other	10. other	3a	(i) (ii) (iii) (ib) (d)	No No Book value
b 4 Par	Term endowment Are there endowment funds not in the posses organization by  (i) unrelated organizations		 d on So lowme		990, P	Part X, line (b)Cost or of basis (other	10. other	(c) Accumulate	(i) (ii) (iii) (ib) (d)	No No Book value
b 4 Par	Term endowment Are there endowment funds not in the posses organization by  (i) unrelated organizations  (ii) related organizations  If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the tyle Investments—Land, Buildings  Description of investment  Land		 d on So lowme		990, P	Part X, line (b)Cost or or basis (other	10. other	(c) Accumulate	(i) (ii)	No No Book value
b 4 Par 1a b c d	Term endowment Are there endowment funds not in the posses organization by  (i) unrelated organizations  (ii) related organizations		on Sodowme		990, P	Part X, line (b)Cost or obasis (other 85 5,515	10. other er) 7,062	(c) Accumulate depreciation	(i) (ii)	No No Book value 87,062 3,628,144

Part VII Investments—Other Securities. See	Form 990, Part X, line 12.	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of end-of-year market value
(2)Closely-held equity interests		
(3)0 ther		
(A) CERTIFICATES OF DEPOSITS	10,000	С
(B) ALLIANCE CAPITAL RESERVES MM	225,051	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>&gt;</b> 235,051	
Part VIII Investments—Program Related. Se		3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<b>+</b>	
Part IX Other Assets. See Form 990, Part X, I		
(a) Descr	ıptıon	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
SECURITY DEPOSIT	1,055	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,055	

Total revenue (Form 990, Part VIII, column (A), line 12)

2,502,607

1

2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,675,57
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-172,97
4	Net unrealized gains (losses) on investments	4	47,17
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 - 8	9	47,17
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-125,79
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	
1	Total revenue, gains, and other support per audited financial statements	1	2,332,12
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	47,17
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,284,94
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 217,661		
c	Add lines 4a and 4b	4c	217,66
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	2,502,60
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	
1	Total expenses and losses per audited financial statements	1	2,457,91
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<del>- +</del>	
– a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,457,91
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		· · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b 217,661	1	
c	Add lines 4a and 4b	4c	217,66
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	2,675,57

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

### Part XIV Supplemental Information

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

Ident if ier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ORGANIZATION HAS ANALYZED TAX POSITIONS TAKEN FOR FILING WITH THE IRS AND ALL STATE JURISDICTIONS WHERE IT OPERATES THE ORGANIZATION BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAIMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE AFFECT ON THE ORGANIZATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 2011
PART XI, LINE 8 - OTHER ADJUSTMENTS		REALIZED LOSS ON INVESTMENTS
PART XII, LINE 2D - OTHER ADJUSTMENTS		REALIZED LOSS ON INVESTMENTS
PART XII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS NETTED ON F/S 217,661
PART XIII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIP EXPENSES NETTED ON F/S 217,661

### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Schools**

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

OMB No 1545-0047

Name of the organization JAMES RIVER DAY SCHOOL INC **Employer identification number** 

	54-0891225			
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
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	Yes	
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	Yes	
_				
4	Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	-+a	1 63	
_	basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		Νο
е	Educational policies?	5e		No
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		Νο
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a		Νo
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	_	Var	
	or Nev From 75-50, 1975-2 C b 507, covering racial hondiscrimination 11 No, explain on Part 11	7	Yes	l

### Part II Supplemental Information

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

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	POLICY IS STATED IN SCHOOL BROCHURES AND OTHER PUBLIC RELATIONS MEDIA

Schedule E (Form 990 or 990-EZ) 2010

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DLN: 93493258005121

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

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

**Inspection** Employer identification number

JAMES RIVER DAY SCHOOL INC						54-0891225	
<b>General Informatio</b> 1 Does the organization maintain i			grants or assistance, the	e grantees' eligibility for	the grants or assist	ance, and	
the selection criteria used to aw  Describe in Part IV the organiza							✓ Yes
Part II Grants and Other As Form 990, Part IV, line duplicated if additional	ssistance to Go e 21 for any recip	vernments and O	rganizations in the nore than \$5,000. Ch	United States. Coreck this box if no one	recipient receive	ed more than \$5,000	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 50	1(c)(3) and govern	ment organizations .	<del></del>				
3 Enter total number of other organ						_	

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

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FINANCIAL AID	56		217,661	TUITION REDUCTION	FINANCIAL AID BASED ON NEED AND MERIT

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

Ident if ier

Return Reference

**Explanation** 

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As Filed Data -

DLN: 93493258005121

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization JAMES RIVER DAY SCHOOL INC

Employer identification number

54-0891225

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		THERE ARE TWO SISTERS-IN-LAW

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE ASSISTANT HEAD OF SCHOOL, ALONG WITH THE FINANCE COMMITTEE, SHALL SIGN OFF ON ALL FINANCIAL STATEMENTS, RATHER FORMALLY OR IN PRACTICE, TO ENSURE THEY ARE ACCURATE, COMPLETE, AND FILED ON TIME THE FINANCE COMMITTEE SHALL REVIEW THE FORM 990, AND VOTE TO RECOMMEND ITS ACCEPTANCE BEFORE FILING THIS PRACTICE SHALL INCLUDE THE FORM 990, WHICH SHALL ALSO BE FORMALLY APPROVED BY A MAJORITY OF THE BOARD OF TRUSTEES PURSUANT TO ITS FILING WITH THE IRS A COPY OF THE 990 IS PROVDED TO EACH VOTING MEMBER OF THE BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS TRUSTEES ACKNOWLEDGE RECEIPT OF THE CONFLICT OF INTEREST POLICY AND STATE EXISTING CONFLICT SINCE THE ASSISTANT HEAD OF SCHOOL SIGNS ALL CHECKS, HE WOULD BE AWARE OF ANY POTENTIAL VIOLATIONS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS AND APPROVED BASED ON COMPARABLE DATA AND SUBSTANTIATION

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 47,178 REALIZED LOSS ON INVESTMENTS

Identifier	Return Reference	Explanation
		THE FINANCE COMMITTEE APPROVES THE FORM 990 AND AUDIT REPORT THE FINANCE COMMITTEE THEN TAKES THE APPROVED REPORTS TO THE FULL BOARD FOR APPROVAL