

100969
James River Association

2018 Client

Public Disclosure Copy

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning 07/01/18 , and ending 06/30/19

51-0211913

JAMES RIVER ASSOCIATION

Net Asset / Fund Balance at Beginning of Year		<u>2,744,578</u>
Revenue		
Contributions	<u>2,106,960</u>	
Program service revenue	<u>154,538</u>	
Investment income	<u>38,594</u>	
Capital gain / loss	<u>12,488</u>	
Fundraising / Gaming:		
Gross revenue	<u>221,360</u>	
Direct expenses	<u>48,480</u>	
Net income	<u>172,880</u>	
Other income	<u>1,499</u>	
Total revenue		<u>2,486,959</u>
Expenses		
Program services	<u>1,789,929</u>	
Management and general	<u>220,522</u>	
Fundraising	<u>369,535</u>	
Total expenses		<u>2,379,986</u>
Excess / (deficit)		<u>106,973</u>
Changes		<u>62,063</u>
Net Asset / Fund Balance at End of Year		<u>2,913,614</u>

Reconciliation of Revenue

Total revenue per financial statements	<u>2,549,022</u>
Less:	
Unrealized gains	<u>62,063</u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u>2,486,959</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>2,379,986</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u>2,379,986</u>

Balance Sheet

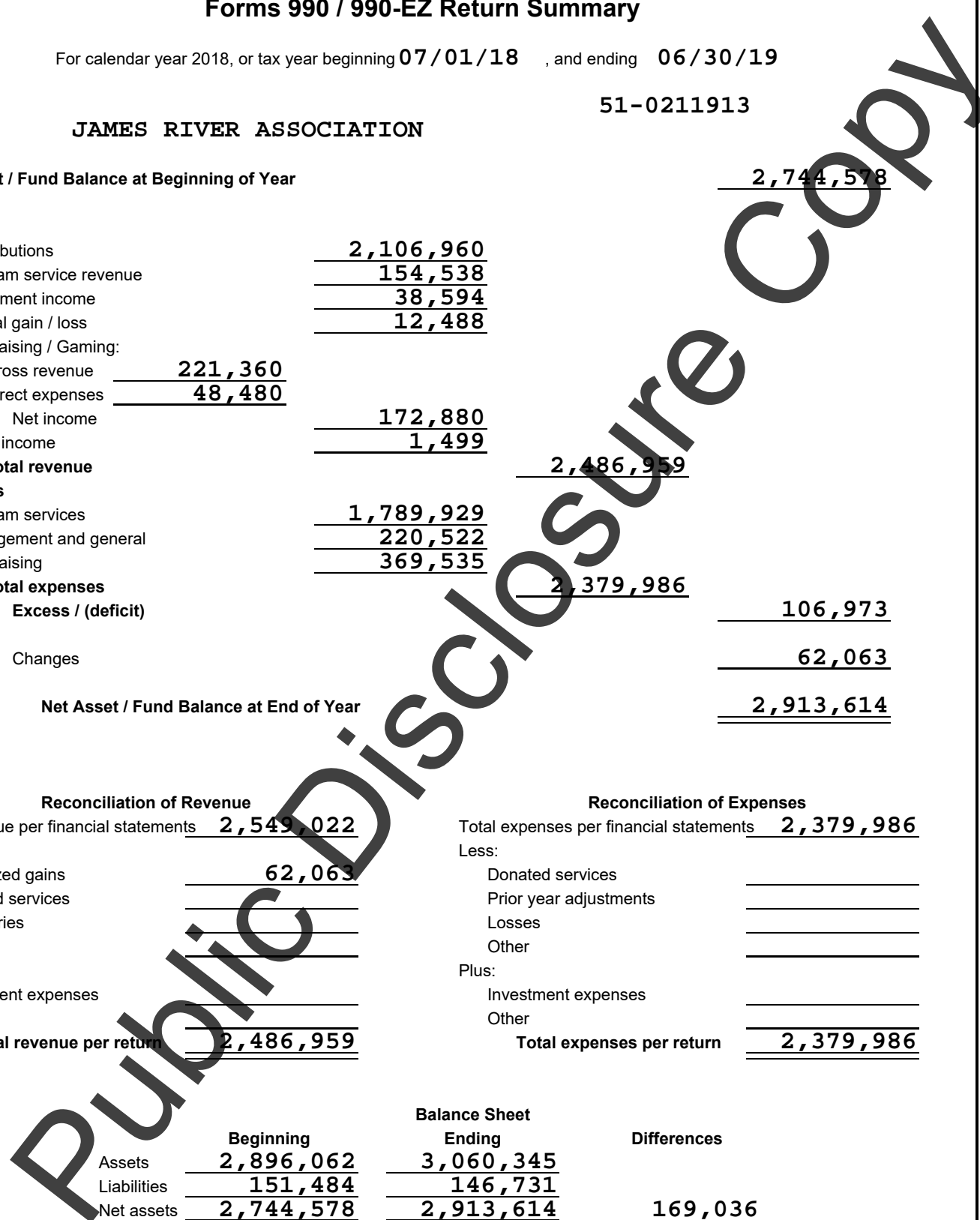
	Beginning	Ending	Differences
Assets	<u>2,896,062</u>	<u>3,060,345</u>	
Liabilities	<u>151,484</u>	<u>146,731</u>	
Net assets	<u>2,744,578</u>	<u>2,913,614</u>	<u>169,036</u>

Miscellaneous Information

Amended return _____

Return / extended due date 05/15/20

Failure to file penalty _____



Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 19

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2018

Department of the Treasury
Internal Revenue Service
Name of exempt organization

JAMES RIVER ASSOCIATION

Employer identification number

51-0211913

Name and title of officer

WILLIAM H. STREET
CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	2,486,959
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **HARRIS, HARDY & JOHNSTONE, P.C.** to enter my PIN **11913** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **02/17/20**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

51222385821

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

GEORGE G. CROWELL, CPA

Date ▶

02/17/20

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

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

OMB No. 1545-0047
2018
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
JAMES RIVER ASSOCIATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
211 ROCKETTS WAY, STE. 200

City or town, state or province, country, and ZIP or foreign postal code
RICHMOND VA 23231

D Employer identification number
51-0211913

E Telephone number
804-788-8811

G Gross receipts **2,828,142**

F Name and address of principal officer:
WILLIAM H. STREET
211 ROCKETTS WAY, STE 200
RICHMOND VA 23231

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.JAMESRIVERASSOCIATION.ORG**

H(c) Group exemption number **1976**

K Form of organization: Corporation Trust Association Other

L Year of formation **1976** **M State of legal domicile:** **VA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE JAMES RIVER ASSOCIATION IS TO BE GUARDIAN OF THE JAMES RIVER. WE PROVIDE A VOICE FOR THE RIVER AND TAKE ACTION TO PROMOTE CONSERVATION AND RESPONSIBLE STEWARDSHIP OF ITS NATURAL RESOURCES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	31
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	34
	6 Total number of volunteers (estimate if necessary)	6	2759
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,951,206	2,106,960
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	170,782	154,538
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,394	51,082
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	161,940	174,379
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,351,322	2,486,959
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,335,766	1,331,363
	b Total fundraising expenses (Part IX, column (D), line 25) 369,535		0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,204,117	1,048,623
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,539,883	2,379,986
19 Revenue less expenses. Subtract line 18 from line 12	-188,561	106,973	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,896,062	3,060,345
	22 Net assets or fund balances. Subtract line 21 from line 20	151,484	146,731
		2,744,578	2,913,614

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **WILLIAM H. STREET** Date: _____
 Type or print name and title: **CEO**

Paid Preparer Use Only

Print/Type preparer's name: **GEORGE G. CROWELL, CPA** Preparer's signature: **GEORGE G. CROWELL, CPA** Date: **02/17/20** Check if self-employed PTIN: **P00585821**

Firm's name: **HARRIS, HARDY & JOHNSTONE, P.C.** Firm's EIN: **54-1451026**
 Firm's address: **300 ARBORETUM PL STE 660 RICHMOND, VA 23236** Phone no.: **804-560-0560**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

THE MISSION OF THE JAMES RIVER ASSOCIATION IS TO BE GUARDIAN OF THE JAMES RIVER. WE PROVIDE A VOICE FOR THE RIVER AND TAKE ACTION TO PROMOTE CONSERVATION AND RESPONSIBLE STEWARDSHIP OF ITS NATURAL RESOURCES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **299,078** including grants of\$) (Revenue \$)

ADVOCACY - TO ACHIEVE POLICY CHANGES THAT DRIVE ACTIONS NEEDED TO PROTECT THE JAMES AND CONNECT PEOPLE TO IT.

4b (Code:) (Expenses \$ **284,056** including grants of\$) (Revenue \$ **154,538**)

AWARENESS - TO ENSURE ALL WATERSHED RESIDENTS KNOW THEIR CONNECTION TO THE JAMES AND THEIR ROLE IN PROTECTING IT.

4c (Code:) (Expenses \$ **563,275** including grants of\$) (Revenue \$)

ACTION - TO ENGAGE PARTNERS AND MEMBERS TO PUT PROJECTS ON THE GROUND THAT PROTECT THE JAMES AND CONNECT PEOPLE TO IT.

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

(Expenses \$ **643,520** including grants of\$) (Revenue \$)

4e Total program service expenses **▶ 1,789,929**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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 "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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 "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	34
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	<input checked="" type="checkbox"/>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input checked="" type="checkbox"/>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	<input checked="" type="checkbox"/>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<input checked="" type="checkbox"/>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<input checked="" type="checkbox"/>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	<input checked="" type="checkbox"/>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	<input checked="" type="checkbox"/>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

	1a	31	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		31		
b Enter the number of voting members included in line 1a, above, who are independent	1b	31		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No	
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

WILLIAM H. STREET
RICHMOND

211 ROCKETTS WAY, STE 200

VA 23231

804-788-8811

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRIS BEAL	1.00									
DIRECTOR	0.00	X					0	0	0	
(2) DORENE S. BILLINGSLEY	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) B. RANDOLPH BOYD	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) JAMES BUZZARD	1.00									
VICE CHAIRMAN	0.00	X		X			0	0	0	
(5) THOMAS CARDWELL	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) PATTERSON CUNNINGHAM	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) GREGORY R. DAVIS	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) J. WILSON ENOCHS, III	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) ANDREA ERDA	1.00									
TREASURER	0.00	X		X			0	0	0	
(10) FREDERICK S. FISHER	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) DANNA FLAHERTY	1.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JAMES M. GOTTWALD	1.00									
DIRECTOR	0.00	X						0	0	
(13) LAWRENCE GRAY	1.00									
DIRECTOR	0.00	X						0	0	
(14) GEORGE A. HARRISON	1.00									
DIRECTOR	0.00	X						0	0	
(15) THOMAS N. INNES	1.00									
PAST CHAIRMAN	0.00	X						0	0	
(16) T. GAYLON LAYFIELD	1.00									
DIRECTOR	0.00	X						0	0	
(17) ALASTAIR S. MACDONALD	1.00									
DIRECTOR	0.00	X						0	0	
(18) POLLY MCCONNELL	1.00									
DIRECTOR	0.00	X						0	0	
(19) CHRISTOPHER MCLEAN	1.00									
DIRECTOR	0.00	X						0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								147,906	20,739	
d Total (add lines 1b and 1c)								147,906	20,739	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,106,960			
	g Noncash contributions included in lines 1a-1f: \$		44,621			
	h Total. Add lines 1a-1f		2,106,960			
Program Service Revenue	2a PROGRAM INCOME:FEES FOR SERVI	Busn. Code	154,538	154,538		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		154,538			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		38,594		38,594	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)		12,488		12,488	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a		221,360		
b Less: direct expenses		b	48,480			
c Net income or (loss) from fundraising events			172,880		172,880	
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a MISCELLANEOUS			1,499		1,499	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			1,499			
12 Total revenue. See instructions.			2,486,959	154,538	0	
					225,461	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	147,906	109,643	26,268	11,995
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	1,004,375	744,481	67,247	192,647
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	91,579	67,882	7,432	16,264
10 Payroll taxes	87,503	64,862	7,101	15,540
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	531,505	408,038	34,141	89,326
12 Advertising and promotion	34,987	24,993	730	9,264
13 Office expenses	41,401	13,684	25,916	1,801
14 Information technology				
15 Royalties				
16 Occupancy	56,486	42,058	6,588	7,840
17 Travel	32,996	28,795	1,118	3,083
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,209	11,253	5,636	13,320
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	69,157	67,320	1,395	442
23 Insurance	30,930	22,529	3,836	4,565
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES: OTHER PR	131,082	131,082		
b FR: OTHER PROGRAM	47,582			47,582
c SALARY & BENEFITS: WORKERS	13,740	13,740		
d PROGRAM EXPENSES: STAFF DE	11,261	11,261		
e All other expenses	17,287	28,307	33,114	-44,134
25 Total functional expenses. Add lines 1 through 24e	2,379,986	1,789,929	220,522	369,535
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	194,348	1	421,854
	2	Savings and temporary cash investments	447,047	2	215,778
	3	Pledges and grants receivable, net	172,473	3	158,531
	4	Accounts receivable, net	8,700	4	600
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under 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). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	31,334	9	98,070
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,330,691		
	b	Less: accumulated depreciation	10b 570,840		
	11	Investments—publicly traded securities	759,143	10c	759,851
	12	Investments—other securities. See Part IV, line 11	1,280,267	11	1,405,411
	13	Investments—program-related. See Part IV, line 11		12	
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11	2,750	14	
15	Other assets. See Part IV, line 11	2,750	15	250	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,896,062	16	3,060,345	
Liabilities	17	Accounts payable and accrued expenses	148,727	17	141,827
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,757	25	4,904
	26	Total liabilities. Add lines 17 through 25	151,484	26	146,731
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,146,203	27	1,328,924
	28	Temporarily restricted net assets	1,598,375	28	1,584,690
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,744,578	33	2,913,614	
34	Total liabilities and net assets/fund balances	2,896,062	34	3,060,345	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,486,959
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,379,986
3	Revenue less expenses. Subtract line 2 from line 1	3	106,973
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,744,578
5	Net unrealized gains (losses) on investments	5	62,063
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,913,614

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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 Act and OMB Circular A-133?		X
3b	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.		

Public Disclosure

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) MATTHEW MLOT	1.00									
DIRECTOR	0.00	X					0	0	0	
(21) JOHN B. MORGAN III	1.00									
DIRECTOR	0.00	X					0	0	0	
(22) TYRONE MURRAY	1.00									
CHAIRMAN	0.00	X		X			0	0	0	
(23) STERLING M. NICHOLS	1.00									
DIRECTOR	0.00	X					0	0	0	
(24) KIMBALL PAYNE	1.00									
DIRECTOR	0.00	X					0	0	0	
(25) JENNIFER PIKE	1.00									
DIRECTOR	0.00	X					0	0	0	
(26) MARGARET PRITCHARD	1.00									
DIRECTOR	0.00	X					0	0	0	
(27) F. SCOTT REED, JR.	1.00									
DIRECTOR	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) GREGORY C. ROBINS	1.00									
DIRECTOR	0.00	X					0	0	0	
(29) ANNE MCCRACKEN ROGERS	1.00									
DIRECTOR	0.00	X					0	0	0	
(30) MARGARET VANGHN	1.00									
SECRETARY	0.00	X		X			0	0	0	
(31) MEGAN WITHERSPOON	1.00									
DIRECTOR	0.00	X					0	0	0	
(32) WILLIAM H. STREET	40.00									
CEO	0.00			X			147,906	0	20,739	
1b Sub-total							147,906		20,739	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization JAMES RIVER ASSOCIATION	Employer identification number 51-0211913
--	---

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations:
 - g Provide the following information about the supported organization(s):

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 72.16%. Row 15: Public support percentage from 2017 Schedule A, Part II, line 14 85.83%.

- 16a 33 1/3% support test—2018. 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 [X]
b 33 1/3% support test—2017. 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 and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) - 15%. Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 - 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) - 17%. Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 - 18%.

19a 33 1/3% support tests—2018. 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

b 33 1/3% support tests—2017. 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

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents?
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?
4a Was any supported organization not organized in the United States ("foreign supported organization")?
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?
5a Did the organization add, substitute, or remove any supported organizations during the tax year?
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
c Substitutions only. Was the substitution the result of an event beyond the organization's control?
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations?
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor?
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest?
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest?
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)?
b Did the organization have any excess business holdings in the tax year?

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1 through 10b.

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b A family member of a person described in (a) above?
 - c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

- 2 Activities Test. Answer (a) and (b) below.
 - a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 - b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
 - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

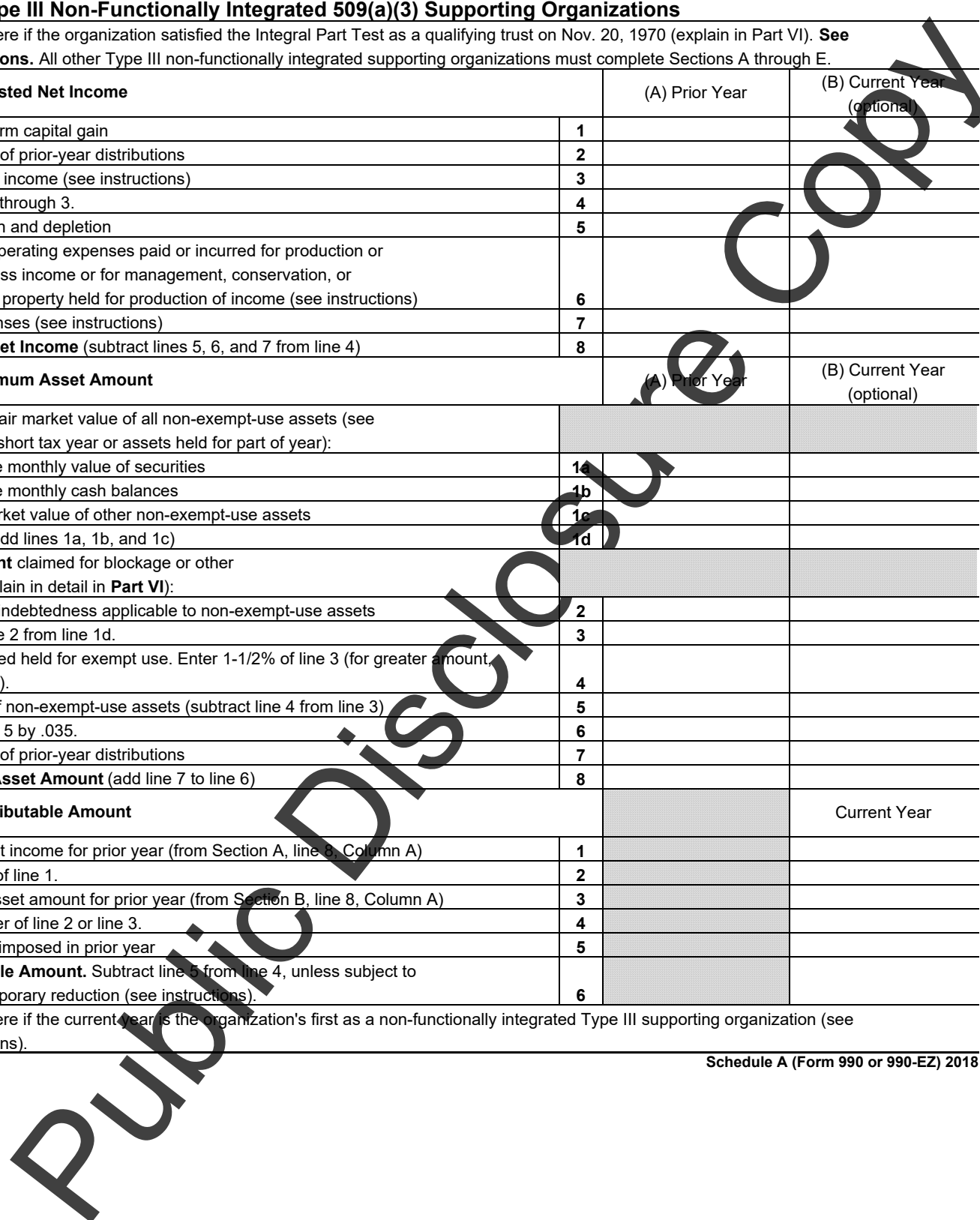
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).



Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Table with 2 columns: Section D - Distributions (lines 1-10) and Current Year.

Table with 4 columns: Section E - Distribution Allocations (see instructions), (i) Excess Distributions, (ii) Underdistributions Pre-2018, and (iii) Distributable Amount for 2018. Rows include lines 1 through 8.

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Public Disclosure Copy

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047
2018

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization
JAMES RIVER ASSOCIATION

Employer identification number
51-0211913

Organization type (check one):

- Filers of:** **Section:**
- Form 990 or 990-EZ 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

JAMES RIVER ASSOCIATION

Employer identification number

51-0211913

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 63,026	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 151,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 132,096	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 48,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Public Disclosure

COPY

Name of organization

JAMES RIVER ASSOCIATION

Employer identification number

51-0211913

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 151,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 92,240	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 175,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 187,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Public Disclosure

COPY

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then... If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then... If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then...

Name of organization: JAMES RIVER ASSOCIATION Employer identification number: 51-0211913

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
2 Political campaign activity expenditures (see instructions) \$
3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6 are empty.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
1b Total lobbying expenditures to influence a legislative body (direct lobbying)		
1c Total lobbying expenditures (add lines 1a and 1b)		
1d Other exempt purpose expenditures		
1e Total exempt purpose expenditures (add lines 1c and 1d)		
1f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
1g Grassroots nontaxable amount (enter 25% of line 1f)		
1h Subtract line 1g from line 1a. If zero or less, enter -0-		
1i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					



Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		56,433
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			56,433
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carry over to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B, LINE 1

THE JAMES RIVER ASSOCIATION STRIVES TO PROVIDE A VOICE FOR THE RIVER ON IMPORTANT LEGAL AND POLICY ISSUES. THROUGH THE HEALTHY RIVERS INITIATIVE, SERVING ON LEGISLATIVE ADVISORY BOARDS, LOBBYING AT THE GENERAL ASSEMBLY, AND BRINGING SUIT WHEN NECESSARY, JRA WORKS TO FIGHT FOR THE HEALTH OF THE JAMES RIVER.

Part IV Supplemental Information *(continued)*

Public Disclosure Copy

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

JAMES RIVER ASSOCIATION

51-0211913

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement...?, 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected... as permitted under SFAS 116 (ASC 958), not to report...; 1b If the organization elected... as permitted under SFAS 116 (ASC 958), to report...; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
 - a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,360,174	1,336,524	1,294,110	1,304,681	1,303,582
b Contributions					
c Net investment earnings, gains, and losses	66,372	23,650	42,414	-10,571	1,099
d Grants or scholarships					
e Other expenditures for facilities and programs	25,399				
f Administrative expenses					
g End of year balance	1,401,147	1,360,174	1,336,524	1,294,110	1,304,681

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
 - a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment 100.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		141,700		141,700
b Buildings		1,188,991	570,840	618,151
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				759,851

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED EXPENSES	4,904
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,904

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,549,022
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	62,063	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	62,063
3	Subtract line 2e from line 1		3	2,486,959
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,486,959

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,379,986
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,379,986
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,379,986

Part XIII Supplemental Information.

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 9 - ACCOUNTING FOR CONSERVATION EASEMENTS

THE ASSOCIATION IS THE HOLDER OR CO-HOLDER OF EASEMENTS RECEIVED PURSUANT TO THE VIRGINIA CONSERVATION EASEMENT ACT ESTABLISHING PERPETUAL CONSERVATION EASEMENTS EXCLUSIVELY FOR THE PURPOSE OF CONSERVING AND FOREVER MAINTAINING WILDLIFE HABITAT, AGRICULTURE RESOURCE BASE, SCENIC CHARACTER, AND OPEN SPACE CHARACTER OF THE SUBJECT PROPERTY. EASEMENTS ARE HELD IN THE COUNTIES OF CHARLES CITY, GOOCHLAND, JAMES CITY, POWHATAN AND PRICE GEORGE, VIRGINIA. THE ASSOCIATION HAS OPTED NOT TO ATTACH A MONETARY VALUE TO THESE CONSERVATION EASEMENTS, AND ACCORDINGLY, THEY ARE NOT RECORDED AS ASSETS ON THE STATEMENT OF ASSETS, LIABILITIES AND NET ASSETS.

PART X - FIN 48 FOOTNOTE

Part XIII Supplemental Information *(continued)*

UNCERTAIN TAX POSITIONS

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE ASSOCIATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ASSOCIATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBTI). THE ASSOCIATION HAS RECOGNIZED NO UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2019 AND 2018. THE ASSOCIATION IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS PRIOR TO 2016.

Public Disclosure Copy

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

JAMES RIVER ASSOCIATION

Employer identification number

51-0211913

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....
.....
.....
.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		WESTOVER PARTY (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	221,360			221,360
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	221,360			221,360
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	48,480			48,480
	10 Direct expense summary. Add lines 4 through 9 in column (d)				48,480
11 Net income summary. Subtract line 10 from line 3, column (d)				172,880	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain:

SCHEDULE J (Form 990)

Compensation Information

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

- Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

JAMES RIVER ASSOCIATION

Employer identification number 51-0211913

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel, Travel for companions, Tax indemnification and gross-up payments, Discretionary spending account, Housing allowance or residence for personal use, Payments for business use of personal residence, Health or social club dues or initiation fees, Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee, Independent compensation consultant, Form 990 of other organizations, Written employment contract, Compensation survey or study, Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
b Any related organization?
If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
b Any related organization?
If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

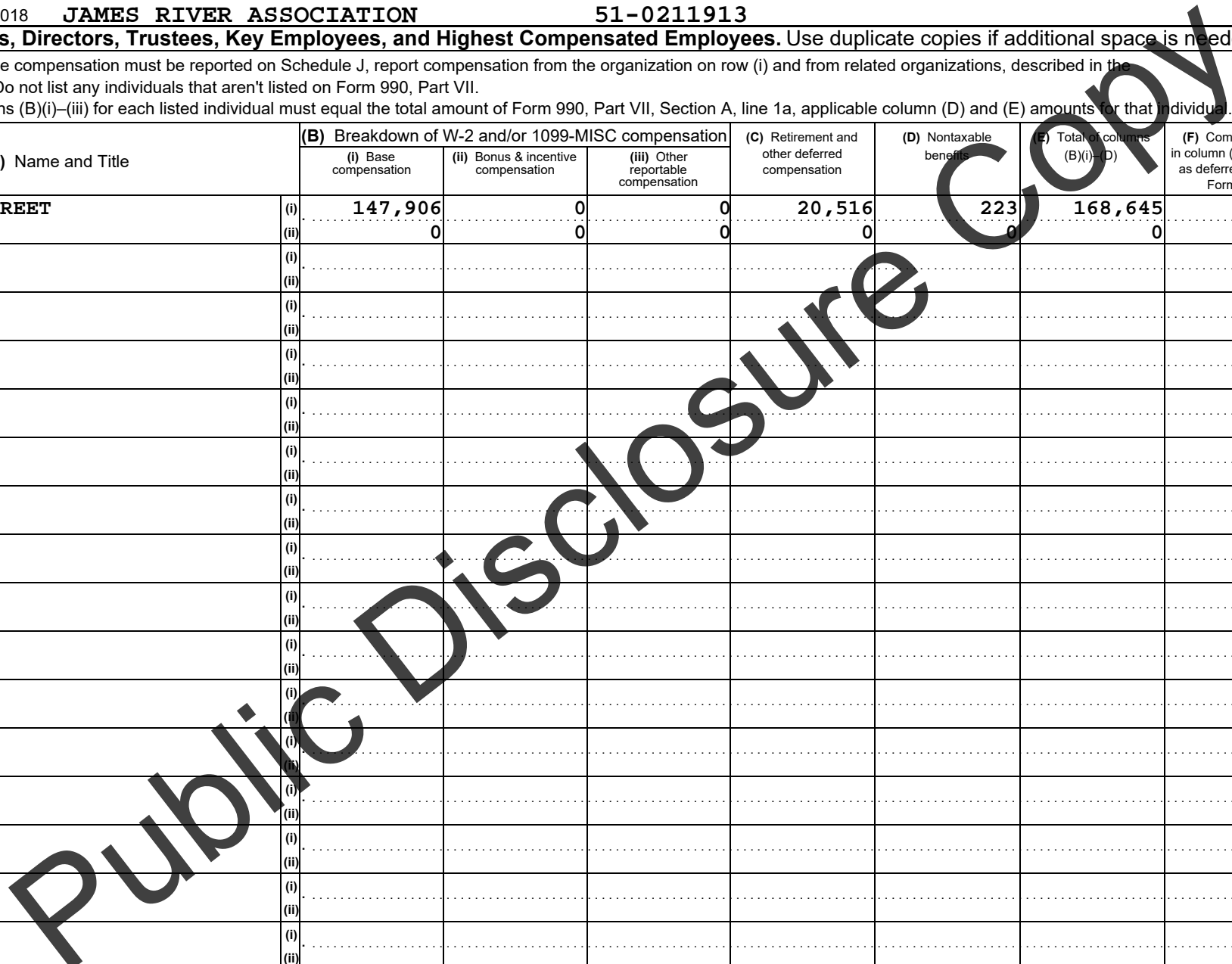
Table with 3 columns: Question ID, Yes, No. Rows 1a, 1b, 2, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM H. STREET CEO	(i)	147,906	0	0	20,516	223	168,645	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Public Disclosure Copy

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

JAMES RIVER ASSOCIATION

Employer identification number

51-0211913

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	10	44,621	NYSE MEAN
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Public Disclosure Copy

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

JAMES RIVER ASSOCIATION

Employer identification number

51-0211913

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

**APPRECIATION - TO ENSURE EVERYONE HAS A PERSONAL CONNECTION TO THE JAMES
AND IS INSPIRED TO DO THEIR PART.**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

**AN ELECTRONIC COPY OF FORM 990 IS PROVIDED TO MEMBERS OF THE FINANCE
COMMITTEE AND BOARD OF DIRECTORS PRIOR TO FILING.**

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

**ALL MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY STATEMENT
UPON BECOMING A MEMBER OF THE BOARD OF DIRECTORS. THE POLICY REQUIRES ANY
MEMBER WHO BELIEVES THAT HE/SHE OR ANY OTHER MEMBER OR EMPLOYEE HAS A
CONFLICT OF INTEREST TO DISCLOSE THE CONFLICT IN WRITING TO THE PRESIDENT,
CHAIRMAN, OR FULL BOARD. THE POLICY STATEMENT CONTAINS A LISTING OF
APPROPRIATE ACTION THAT MAY BE TAKEN BY THE BOARD, INCLUDING DENIAL OF THE
RIGHT TO VOTE AND EXCLUSION AS A MEMBER OF THE BOARD.**

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

**THE EXECUTIVE COMMITTEE REVIEWS JOB PERFORMANCE AND ESTABLISHES
COMOPENSATION BASED ON COMPARABLE POSITIONS IN THE NOT-FOR-PROFIT ARENA IN
THE CENTRAL VIRGINIA AREA.**

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

**OTHER OFFICERS RECEIVE NO COMPENSATION, NO OTHER EMPLOYEES CONSIDERED KEY
EMPLOYEES.**

Name of the organization

Employer identification number

JAMES RIVER ASSOCIATION

51-0211913

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

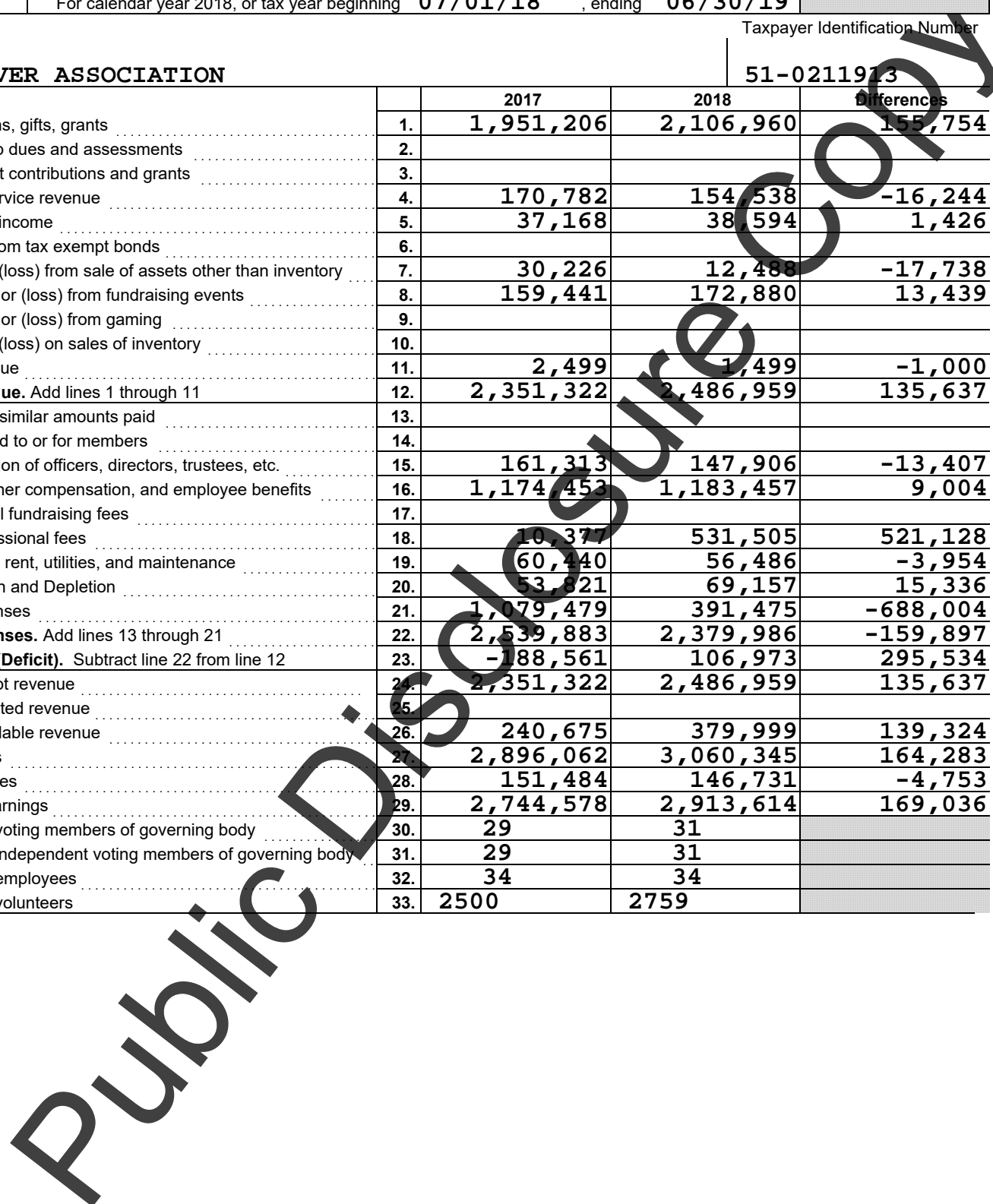
	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
M&G: PROFESSIONAL FEES	\$ 0	\$ 34,141	\$ 0
FR: PROFESSIONAL FEES	\$ 0	\$ 0	\$ 89,326
PROFESSIONAL FEES	\$ 188,384	\$ 0	\$ 0
PROGRAM EXPENSES: SUBCONTRACTO	\$ 219,654	\$ 0	\$ 0
TOTAL	\$ 408,038	\$ 34,141	\$ 89,326

Public Disclosure Copy

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning 07/01/18 , ending 06/30/19		

Name: **JAMES RIVER ASSOCIATION** Taxpayer Identification Number: **51-0211913**

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1,951,206	2,106,960	155,754
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	170,782	154,538	-16,244
	5. Investment income	37,168	38,594	1,426
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	30,226	12,488	-17,738
	8. Net income or (loss) from fundraising events	159,441	172,880	13,439
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	2,499	1,499	-1,000
	12. Total revenue. Add lines 1 through 11	2,351,322	2,486,959	135,637
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	161,313	147,906	-13,407
	16. Salaries, other compensation, and employee benefits	1,174,453	1,183,457	9,004
	17. Professional fundraising fees			
	18. Other professional fees	10,377	531,505	521,128
	19. Occupancy, rent, utilities, and maintenance	60,440	56,486	-3,954
	20. Depreciation and Depletion	53,821	69,157	15,336
	21. Other expenses	1,079,479	391,475	-688,004
	22. Total expenses. Add lines 13 through 21	2,539,883	2,379,986	-159,897
	23. Excess or (Deficit). Subtract line 22 from line 12	-188,561	106,973	295,534
Other Information	24. Total exempt revenue	2,351,322	2,486,959	135,637
	25. Total unrelated revenue			
	26. Total excludable revenue	240,675	379,999	139,324
	27. Total assets	2,896,062	3,060,345	164,283
	28. Total liabilities	151,484	146,731	-4,753
	29. Retained earnings	2,744,578	2,913,614	169,036
	30. Number of voting members of governing body	29	31	
	31. Number of independent voting members of governing body	29	31	
	32. Number of employees	34	34	
33. Number of volunteers	2500	2759		



Form **990****Tax Return History****2018**

Name

JAMES RIVER ASSOCIATION

Employer Identification Number

51-0211913

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	1,407,928	1,462,232	1,599,683	1,951,206	2,106,960	
Membership dues						
Program service revenue	45,806	45,921	74,711	170,782	154,538	
Capital gain or loss	366,959		5,150	30,226	12,488	
Investment income	39,222	31,568	34,493	37,168	38,594	
Fundraising revenue (income/loss)	237,527	217,628	178,229	159,441	172,880	
Gaming revenue (income/loss)						
Other revenue	3,184	5,105	118	2,499	1,499	
Total revenue	2,100,626	1,762,454	1,892,384	2,351,322	2,486,959	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	132,260		152,579	161,313	147,906	
Other compensation	958,483	1,219,718	1,062,175	1,174,453	1,183,457	
Professional fees	2,092		9,338	10,377	531,505	
Occupancy costs	68,875	63,571	55,314	60,440	56,486	
Depreciation and depletion	51,166	51,118	55,996	53,821	69,157	
Other expenses	749,559	773,912	606,770	1,079,479	391,475	
Total expenses	1,962,435	2,108,319	1,942,172	2,539,883	2,379,986	
Excess or (Deficit)	138,191	-345,865	-49,788	-188,561	106,973	
Total exempt revenue	2,100,626	1,762,454	1,892,384	2,351,322	2,486,959	
Total unrelated revenue						
Total excludable revenue	455,171	82,594	114,472	240,675	379,999	
Total Assets	3,284,097	2,921,846	2,968,805	2,896,062	3,060,345	
Total Liabilities	50,319	44,508	64,576	151,484	146,731	
Net Fund Balances	3,233,778	2,939,031	2,904,229	2,744,578	2,913,614	

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INVESTMENT INCOME: INTEREST EA	\$ 7,711		14			
TOTAL	<u>\$ 7,711</u>					

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INVESTMENT INCOME: DIVIDENDS	\$ 30,883		14			
TOTAL	<u>\$ 30,883</u>					

Public Disclosure Copy

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
M&G: PROFESSIONAL FEES	\$ 34,141	\$	\$ 34,141	\$
FR: PROFESSIONAL FEES	89,326			89,326
PROFESSIONAL FEES	188,384	188,384		
PROGRAM EXPENSES: SUBCONTRACTO	219,654	219,654		
TOTAL	\$ 531,505	\$ 408,038	\$ 34,141	\$ 89,326

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
FACILITIES & EQUIPMENT: TE	\$ 10,149	\$ 10,149	\$	\$
M&G: TELEPHONE	7,828		7,828	
M&G: STAFF DEVELOPMENT	7,363		7,363	
M&G: PROG: TAXES, LICENSE	6,596		6,596	
PROGRAM EXPENSES: DUES AND	5,899	5,899		
M&G: TECHNOLOGY	5,279		5,279	
PROGRAM EXPENSES: TECHNOLO	4,190	4,190		
M&G: OTHER PROGRAM	3,844		3,844	
FR: WORKERS COMP	3,292			3,292
PROGRAM EXPENSES: CAPITAL	3,273	3,273		
FACILITIES & EQUIPMENT: TA	3,091	3,091		
PROGRAM EXPENSES: TAXES, L	1,705	1,705		
M&G: WORKERS COMP	1,504		1,504	
FR: TELEPHONE	720			720
M&G: DUES AND SUBSCRIPTIO	700		700	
FR: TECHNOLOGY	250			250
FR: STAFF DEVELOPMENT	152			152
FR: PROG: TAXES, LICENSES	-68			-68
DIRECT BENEFIT TO DONORS	-48,480			-48,480
TOTAL	\$ 17,287	\$ 28,307	\$ 33,114	\$ -44,134

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
CONTRIBUTIONS INCOME	\$ 763,463
PROGRAM INCOME	36,009
TEMP RESTRICTED GRANTS (REPORTING)	1,141,211
DONATIONS	5,740
CAPITAL CAMPAIGN INCOME	160,537
TOTAL	<u>\$ 2,106,960</u>

Public Disclosure Copy

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
JACKSON FOUNDATION	\$	\$
ROBERT G & MAUDE MORGAN CABELL FDN		
KEITH CAMPBELL FOUNDATION	520,000	341,382
DOMINION FOUNDATION	50,000	
ROBINS FOUNDATION	157,000	
ROYAL BANK OF CANADA		
GEORGE K. WHITE		
MARY MORTON PARSONS FOUNDATION		
THE BEIRNE CARTER FOUNDATION	165,000	
HERNDON FOUNDATION		
LUCK COMPANIES FOUNDATION	120,000	
THE HARRISON FOUNDATION	25,000	
NATIONAL FISH & WILDLIFE FOUNDATION	693,856	515,238
ALTRIA GROUP	806,500	627,882
NATIONAL PARK SERVICE		
VIRGINIA NONPROFIT HOUSING COALITION	37,500	
MORGAN FOUNDATION		
NOAA	367,606	188,988
POTOMAC CONSERVANCY		
CHESAPEAKE CONSERVANCY, INC.		
THE NEWMARKET FOUNDATION	110,000	
CHESAPEAKE BAY TRUST	124,924	
WILLIAM J & DOROTHY K O'NEILL FDN		
ROBERTA BRYAN BOCOCK	30,287	
GUILFORD FOUNDATION	30,000	
MEADWESTVACO FOUNDATION	50,000	
OAK HILL	170,000	
ANONYMOUS	130,000	
MARY ANDERSON HARRISON FOUNDATION	212,500	33,882
CITY OF LYNCHBURG	50,000	
DEPT OF ENVIRONMENTAL QUALITY	54,281	
BALLYSHANNON FUND	35,000	
VIRGINIA ENVIRONMENTAL ENDOWMENT	185,000	6,382
JAMES BUZZARD	92,240	
AUGUST HEID TRUST ACCOUNT	175,000	
DEPT OF THE INTERIOR	187,100	8,482
ALTRIA GROUP	540,000	361,382
CHESAPEAKE BAY TRUST	41,000	
DOMINION FOUNDATION	50,000	
GUILFORD FOUNDATION	30,000	
KEITH CAMPBELL FOUNDATION	110,000	
NEWMARKET FOUNDATION	110,000	
ROBINS FOUNDATION	30,000	
TOTAL	\$ 5,489,794	\$ 2,083,618

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
INVESTMENT INCOME: INTEREST EA	\$ 7,711
INVESTMENT INCOME: DIVIDENDS	30,883
TOTAL	<u>\$ 38,594</u>

Schedule A, Part II, Line 9(e)

Description	Amount
MISCELLANEOUS	\$ 1,499
LESS: DEDUCTIONS	-1,000
TOTAL	<u>\$ 499</u>

Schedule A, Part II, Line 10(e)

Description	Amount
WESTOVER PARTY	\$ 221,360
TOTAL	<u>\$ 221,360</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
PROGRAM INCOME: FEES FOR SERVI	\$ 154,538
TOTAL	<u>\$ 154,538</u>

Public Disclosure Copy

Virginia Diagnostics

Critical Messages

None

Electronic Filing

None

Informational Messages

This return is marked to be filed electronically

Overrides

- Overridden field with data "06/30/2020" on Form / Schedule 102
- Overridden field with data "07/01/2019" on Form / Schedule 102

Public Disclosure Copy

Virginia Form 500 Return Summary

For calendar year 2018 or tax year beginning 07/01/18 , ending 06/30/19
 JAMES RIVER ASSOCIATION 51-0211913

Taxable Income

Federal taxable income	
Total additions	
Total subtractions	
Savings and loan association's bad debt deduction	
Virginia taxable income	
Apportionment factor	100.00
Taxable income	

Taxable Computation

Income tax	
Nonrefundable tax credits	
Adjusted corporate tax	

Payments and Penalties

Estimated income tax payments and overpayment credit	
Extension payment	
Refundable tax credits from Schedule 500CR	
Pass-through entity withholding from Schedule 500ADJ	
Penalty	
Interest	
Additional charge Form 500C	
Total payments and penalties	

Total Due 0

Overpayment credited to next year

Refund

Next Year's Estimates

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	
Total	

Annual Registration Information

Gross contributions	2,106,960
Total fees	325
Registration / extended due date	ASAP

Public Disclosure Copy

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

PO Box 526, Richmond, VA 23218-0526
Phone: 804-786-1343 • FAX: 804-225-2666 • www.vdacs.virginia.gov

OCR-102 Revised 04/18

REMITTANCE FORM
CHARITABLE ORGANIZATION
FORM 102

YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)

Organization name: JAMES RIVER ASSOCIATION

Address: 211 ROCKETTS WAY, STE. 200

RICHMOND VA 23231

Federal Employer Identification Number: 51-0211913

REGISTRATION FEE AMOUNT

Your annual registration, which includes the annual fee payment, is due every year, four months and fifteen days from the end of the organization's most recently completed fiscal year, unless the organization has requested an extension of either three months or six months to file.

Initial: First time registrants pay a \$100 initial fee. If the organization has prior financial history, the organization is **also** required to pay an annual fee. Organizations with no financial history are **not** required to pay an annual fee.

Late: If your registration has lapsed, you will be required to pay the \$100 late fee **and** the annual registration fee. You will **never pay** an initial and late registration fee at the same time.

Annual: See page seven of Form 102 for annual registration fee calculations.

Initial Registration Fee (\$100): \$ _____ (910-02184)

Late Registration Fee (\$100): \$ _____ (910-02184)

Annual Registration Fee: \$ 325 (910-02619)
(See pg. 6 of Form 102)

Total Fees: \$ 325

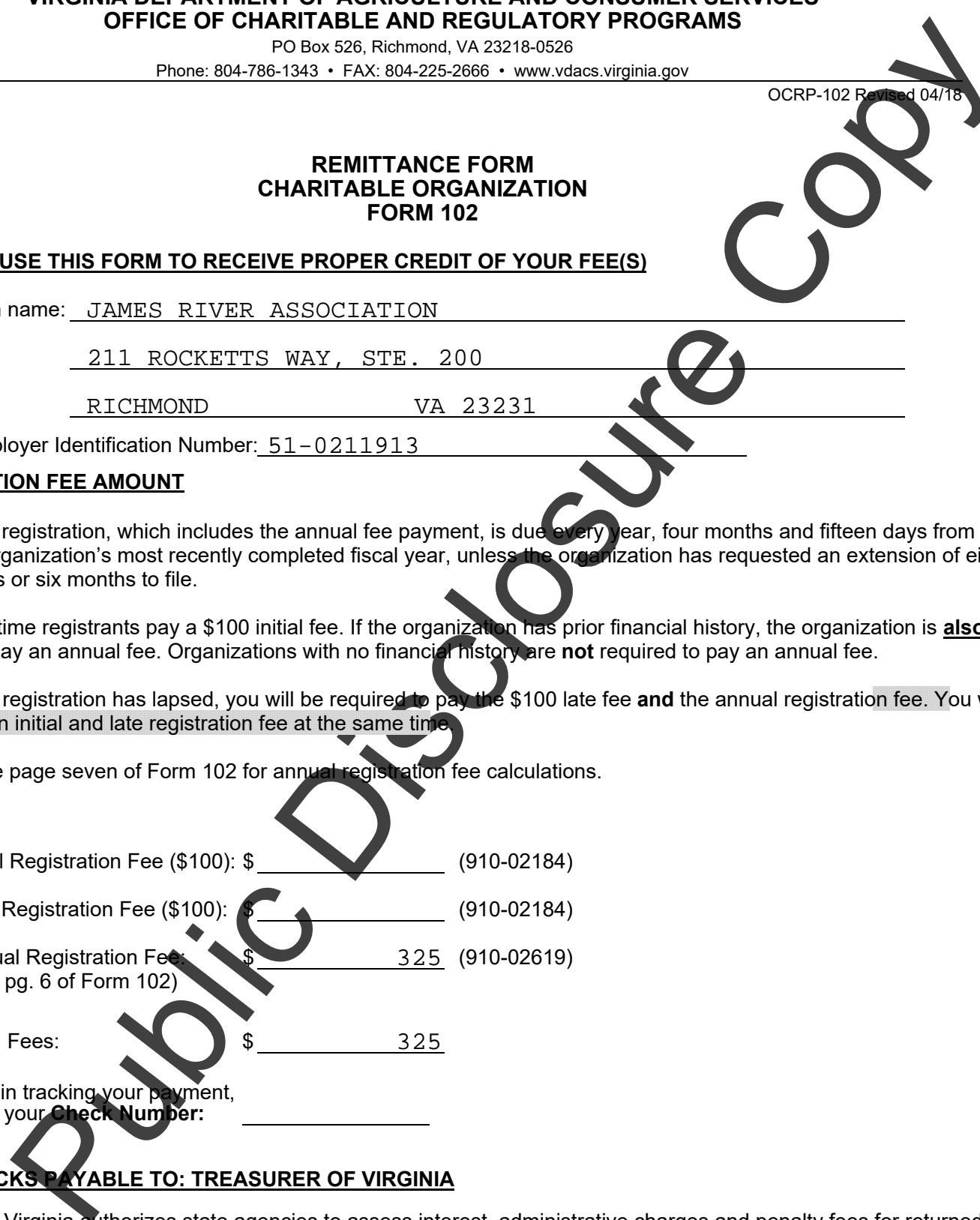
To assist us in tracking your payment, please enter your **Check Number:** _____

MAKE CHECKS PAYABLE TO: TREASURER OF VIRGINIA

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:

Virginia Department of Agriculture and Consumer Services
P.O. Box 526
Richmond, VA 23218-0526



VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

PO Box 526, Richmond, VA 23218-0526
Phone: 804-786-1343 • FAX: 804-225-2666 • www.vdacs.virginia.gov

OCR-102 Revised 04/18

REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION FORM 102

Please choose the type of registration:

<input type="checkbox"/>	Initial Registration
OR	
<input checked="" type="checkbox"/>	Annual Renewal

Unless otherwise noted, all information provided on this form and attachments must be for the **CURRENT** fiscal year. Financial reports (except budgets) will be for the most recently completed fiscal year. Any change in information filed must be submitted to the Office of Charitable and Regulatory Programs (OCR-102) within seven (7) days of the change.

All questions **MUST** be answered. If a question does not apply, then indicate "NO" or "N/A". Failure to properly complete this form or to submit all additional documentation required by any applicable section of the Rules Governing the Solicitation of Contributions will result in an incomplete registration. Your organization may not solicit in the Commonwealth of Virginia until it is properly registered.

1. Organization's primary name:

JAMES RIVER ASSOCIATION

2. List any other names under which you may solicit contributions in Virginia:

N/A

3. Required primary address: 211 ROCKETTS WAY, STE. 200

RICHMOND VA 23231
City State Zip Code

"Primary address" means the bona fide physical street address of the organization or sole proprietor. **P.O. Boxes will not be accepted.** Pursuant to §57-49.2 of the Code of Virginia, if the organization does not maintain an office, use the address of the person having custody of its financial records.

4. Does the organization maintain any other offices in Virginia?

Yes No **If "Yes,"** then attach a list of the addresses and telephone numbers for those offices.

"Other offices" will include locations where the organization may administer a program or house administrative functions. "Other offices" will not include the names and addresses of chapters, branches or affiliates soliciting in Virginia, as provided in response to question 7 of this form.

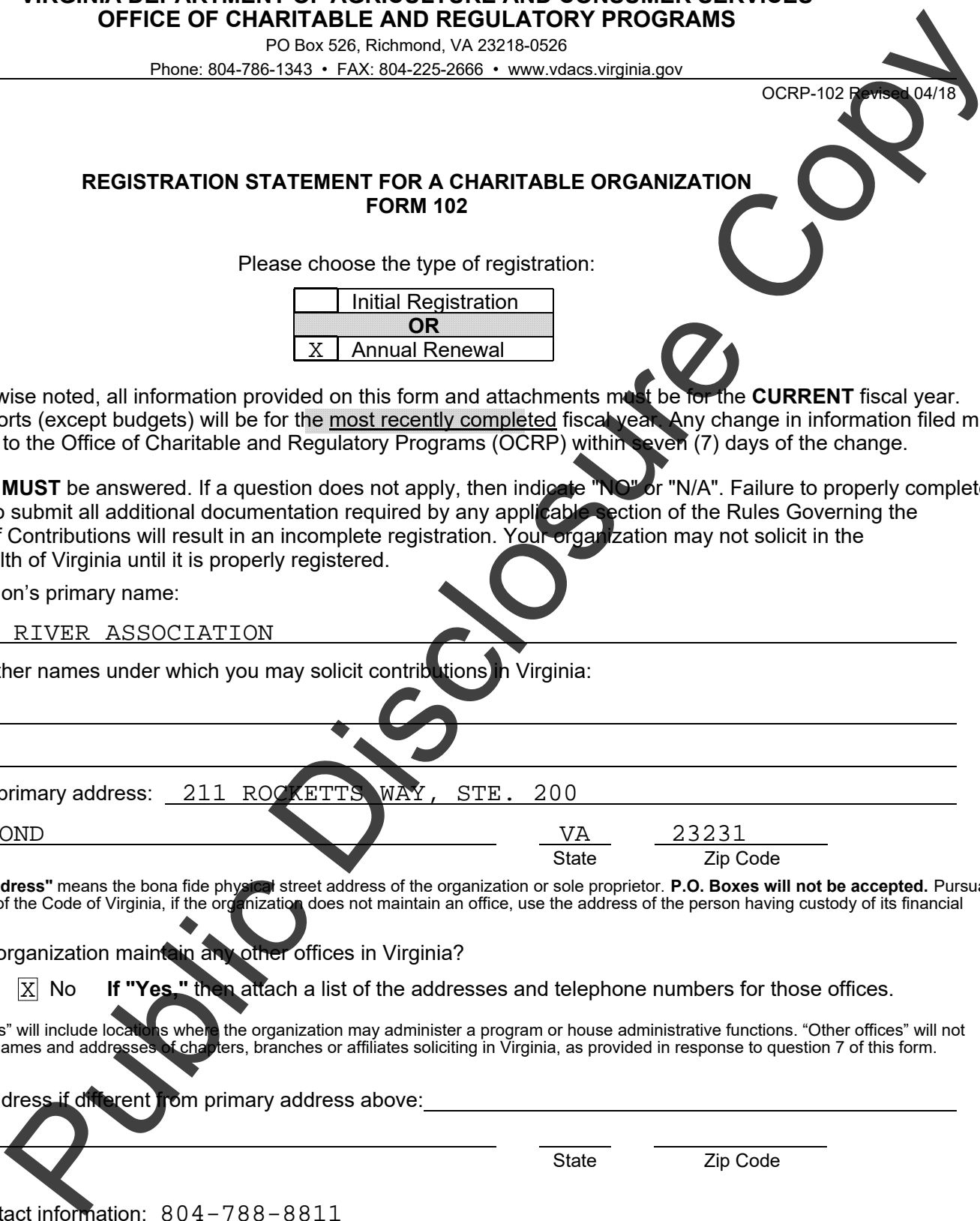
5. Mailing address if different from primary address above: _____

City State Zip Code

6. Other contact information: 804-788-8811
Telephone, including area code Fax, including area code

WWW.JAMESRIVERASSOCIATION.ORG BSTREET@JRAVA.ORG
Internet URL Organization's official e-mail address*

***The Official E-mail address entered above will be used for the notifications unless alternate email preference is indicated here:** _____



JAMES RIVER ASSOCIATION 51-0211913
REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION
Form 102, Page 2

Revised 04/18

7. Locations of other chapters, branches, affiliates:

Does the organization have any chapters, branches or affiliates in Virginia Yes No

If "Yes,"

- i) Attach a list of the affiliates' names, addresses and telephone numbers.
- ii) Are the income and expenses of these affiliates included in your organization's financial statement?
 Yes No

If "Yes," a joint registration may be issued to the parent organization which would apply to those subordinate organizations whose finances are reported jointly with the parent organization. Please refer to 2VAC5-610-30 of the Rules Governing the Solicitation of Contributions for information regarding whether the parent qualifies to file a consolidated or joint registration.

8. Please check one:

	Type of organization
<input checked="" type="checkbox"/>	Corporation
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Other (specify):

9. Date of incorporation or formation: 08/06/1979

10. In what city was the organization legally established? RICHMOND VA
City State

11. What is the main purpose of the charitable organization?
SEE STATEMENT 1

12. Name and address of designated agent for receipt of process (service of legal documents) within the Commonwealth of Virginia. NOTE: If no agent is designated, the organization shall be deemed to have designated the Secretary of the Commonwealth.

B RANDOLPH BOYD
Name and Company Name

211 ROCKETTS WAY, STE 200
Address

RICHMOND VA 23231
City State Zip Code

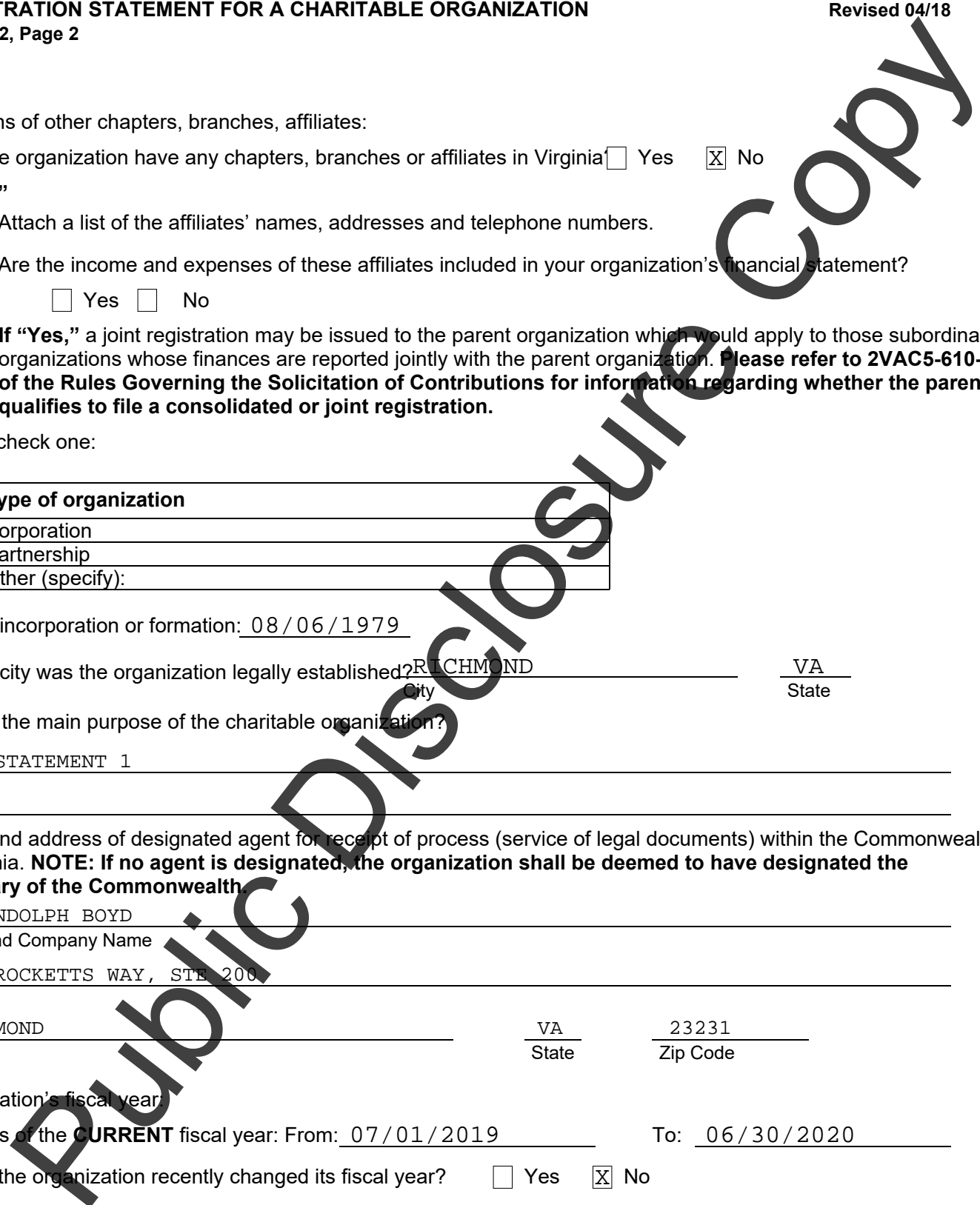
13. Organization's fiscal year

a) Dates of the CURRENT fiscal year: From: 07/01/2019 To: 06/30/2020

b) Has the organization recently changed its fiscal year? Yes No

If "Yes," then provide the dates of the "short" fiscal year:
From: _____ To: _____

14. Is the organization exempt under the Internal Revenue Code? Yes No



JAMES RIVER ASSOCIATION 51-0211913
REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION
Form 102, Page 3

Revised 04/18

15. Key personnel:

a) Full name and title of the individuals having signatory power over the organization's funds:

SEE STATEMENT 2

b) Full name and title of the individuals who approve the organization's budget:

SEE STATEMENT 3

c) Has the organization, or any officer, professional fund-raiser or professional solicitor thereof, ever been convicted of a felony?

Yes No If "Yes," then attach a statement providing a description of the pertinent facts.

d) For the CURRENT fiscal year, attach a listing of the organization's officers, directors, trustees, and principal salaried executive staff which includes names, addresses, and titles. We will not accept the listing provided in the IRS Form 990. Note: Your registration will be considered incomplete if the listing does not include titles. Addresses are not required if the named individuals are to be contacted at the organization's primary address. SEE STATEMENT 4

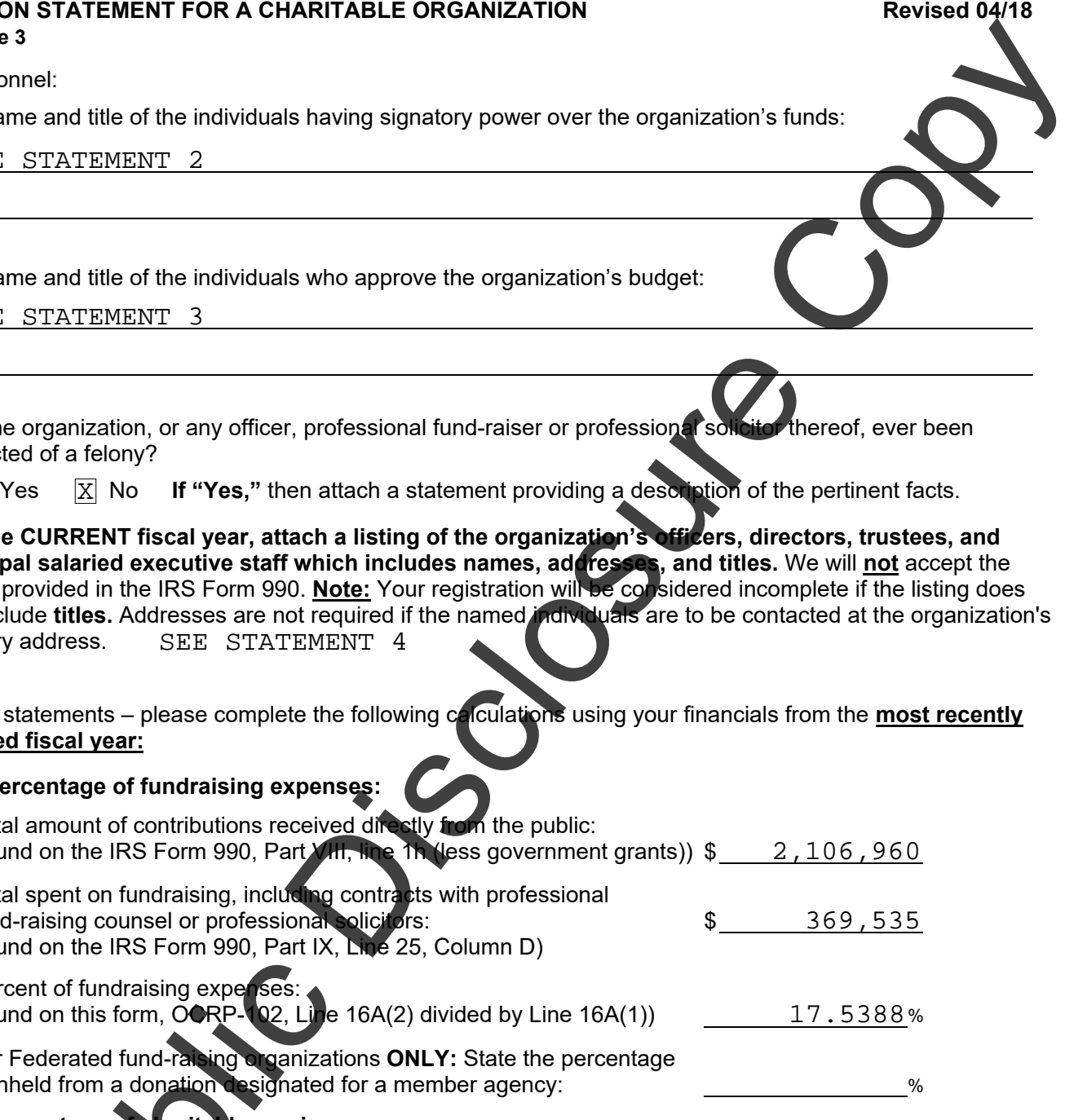
16. Financial statements – please complete the following calculations using your financials from the most recently completed fiscal year:

16(A): Percentage of fundraising expenses:

- 1) Total amount of contributions received directly from the public:
(found on the IRS Form 990, Part VIII, line 1h (less government grants)) \$ 2,106,960
- 2) Total spent on fundraising, including contracts with professional fund-raising counsel or professional solicitors:
(found on the IRS Form 990, Part IX, Line 25, Column D) \$ 369,535
- 3) Percent of fundraising expenses:
(found on this form, OCRP-102, Line 16A(2) divided by Line 16A(1)) 17.5388%
- 4) For Federated fund-raising organizations ONLY: State the percentage withheld from a donation designated for a member agency: _____%

16(B): Percentage of charitable services expenses:

- 1) Total amount of expenses dedicated to providing charitable services:
(found on the IRS Form 990, Part IX – Line 25, Column B) \$ 1,789,929
- 2) Total amount of expenses of the organization:
(found on the IRS Form 990, Part IX – Line 25, Column A) \$ 2,379,986
- 3) Percent of program services expenses:
(found on this form, OCRP-102, Line 16B(1) divided by Line 16B(2)) 75.2075%



JAMES RIVER ASSOCIATION 51-0211913
REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION
Form 102, Page 4

Revised 04/18

16(C): Percentage of administrative expenses:

- 1) Total amount of expenses dedicated to administrative costs:
(found on the IRS Form 990, Part IX – Line 25, Column C) \$ 220,522
- 2) Total amount of expenses of the organization:
(found on the IRS Form 990, Part IX – Line 25, Column A) \$ 2,379,986
- 3) Percent of administrative expenses:
(found on this form, OCP-102, Line 16C(1) divided by Line 16C(2)) 9.2657%

17. Does the organization intend to solicit contributions from the public directly (including corporate grant proposals, door-to-door or telephone solicitations, special events, direct mail, etc.)?

Yes No

18. Does the organization intend to have others outside the organization (e.g. volunteers, federated fundraising organizations, etc.) conduct solicitations on its behalf?

Yes No

19. For the current fiscal year, has your organization entered into an agreement or contract with any person(s) to conduct any aspects (including planning, managing, or carrying out) of a completed, current or upcoming solicitation?

Yes No If "Yes" to question 19, please indicate the arrangement with your agency by checking below:

X	Category	Type of Arrangement
	A	A bona fide, salaried officer or employee of the charitable organization or its parent organization
	B	An outside consultant or professional fundraising counsel
	C	A paid professional solicitor

If in Question 19 either B or C are checked, then please provide the following information:

a) List the name and address(es) of the professional fundraising counsel or professional solicitor(s) and note the date of each contract that was previously submitted to the Commissioner:

b) Attach a copy of the organization's current fundraising contract(s) that were not previously submitted as required by Section 57-54 of the Code of Virginia.

20. Please indicate how the organization will use the contributions received during the CURRENT fiscal year:

ALL CONTRIBUTIONS WILL BE USED FOR THE ORGANIZATION'S STATED MISSION

21. Has the organization been authorized by any other state or governmental agency to solicit contributions?

Yes No If "Yes," then name all such agencies. Submit an attachment if necessary.

JAMES RIVER ASSOCIATION 51-0211913
REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION
 Form 102, Page 5

Revised 04/18

22. Is the organization, or any officer, professional fund-raising counsel, or professional solicitor for the organization **CURRENTLY** enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

Yes No **If "Yes,"** then attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

23. Has any officer, professional fund-raising counsel, or professional solicitor for the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

Yes No **If "Yes,"** then attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

24. Please indicate the type of solicitation activities that your organization may pursue during the current fiscal year (**check** all that apply):

X	Type of Solicitation
	Telephone
X	Direct mail
	Internet
X	Special events
	Door-to-door
X	Personal contact
	Other (Specify):

25. Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are required by law to supply this information as a prerequisite to the solicitation of charitable contributions. If you do not provide the required information, you may not solicit in Virginia. Any change in information filed must be submitted to OCRP within seven (7) days of the change. In order to assist you in determining whether you have provided the required information, please respond to the following:

i) Are all questions on the form answered?

Yes No **If "No,"** then the registration will be considered incomplete.

ii) Are all required attachments included (see page 7 for "Checklist of Required Attachments")?

Yes No **If "No,"** then the registration will be considered incomplete.

26. OATH OR AFFIRMATION.

***Two (2) different officers must sign this registration form. The original signature page (page 6) must then be filed with the Office of Charitable and Regulatory Programs. Copies are not allowed.**

We, the undersigned chief fiscal officer (chief financial officer, or treasurer) and president (or other authorized officer, if president is unavailable to sign), duly authorized to act on behalf of the organization for which this statement is made, certify that this statement and including any accompanying appendices have been examined by us and are, to the best of our knowledge and belief, true, correct and complete pursuant to the laws of the Commonwealth of Virginia.

We affirm and attest that no funds have been or will knowingly be used, directly or indirectly, to benefit or provide support, in cash or in kind, to terrorists, terrorist organizations, terrorist activities, or the family members of any terrorist. We understand that no person shall be registered by the Commonwealth or by any locality to solicit funds that are intended to benefit or support a family member of any terrorist.

Signature of the **chief fiscal officer, chief financial officer, or treasurer**

Signature of the **president or other authorized officer**

WILLIAM H. STREET

Print name

Print name

CEO

Title

Title

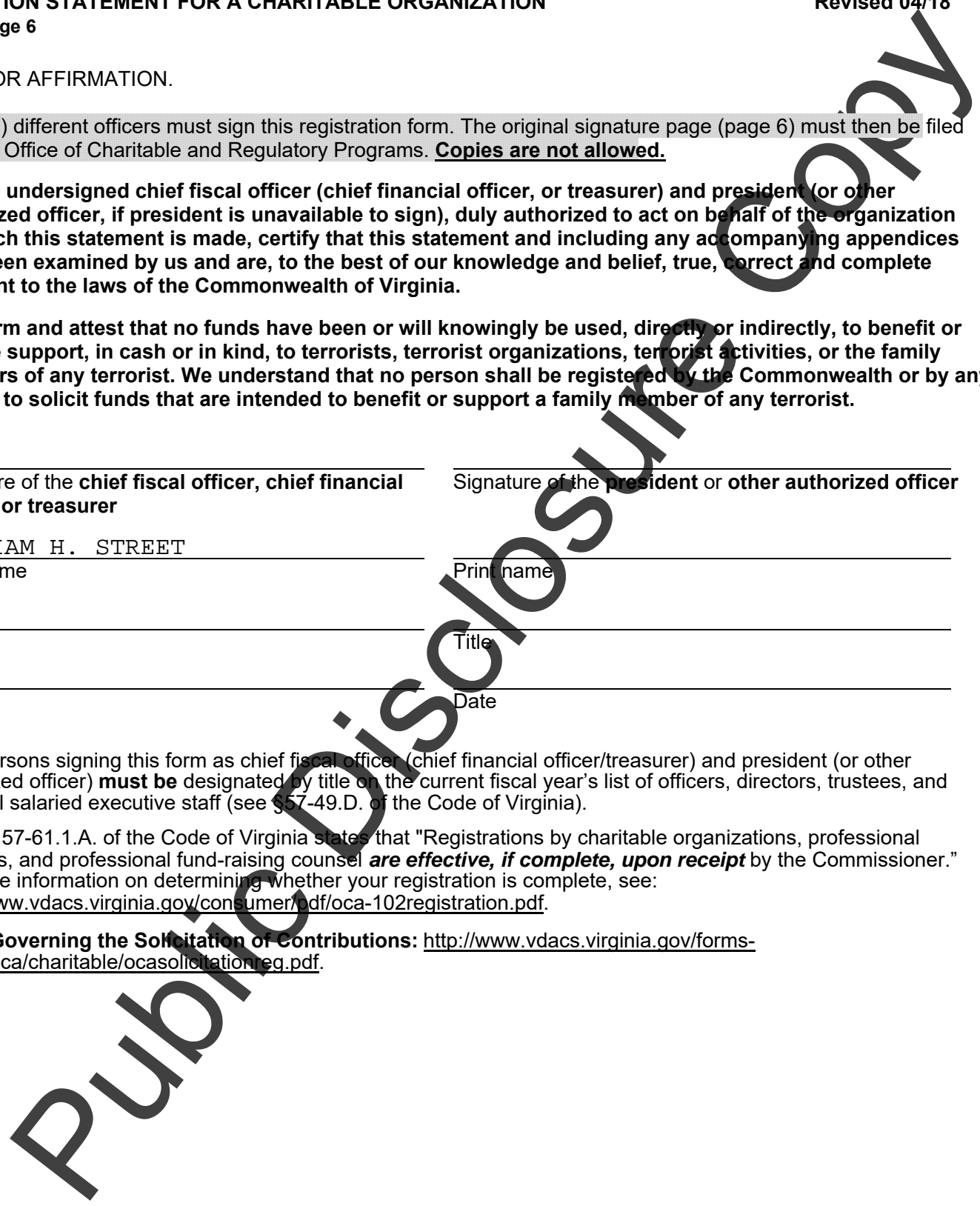
Date

Date

*The persons signing this form as chief fiscal officer (chief financial officer/treasurer) and president (or other authorized officer) **must be** designated by title on the current fiscal year's list of officers, directors, trustees, and principal salaried executive staff (see §57-49.D. of the Code of Virginia).

Section 57-61.1.A. of the Code of Virginia states that "Registrations by charitable organizations, professional solicitors, and professional fund-raising counsel **are effective, if complete, upon receipt** by the Commissioner." For more information on determining whether your registration is complete, see: <http://www.vdacs.virginia.gov/consumer/pdf/oca-102registration.pdf>.

Rules Governing the Solicitation of Contributions: <http://www.vdacs.virginia.gov/forms-pdf/cp/oca/charitable/ocasolicitationreg.pdf>.



SCHEDULE OF REGISTRATION FEES

FEE CRITERIA*

- \$30 If your **gross contributions** for the preceding year do not exceed \$25,000
- \$50 If your **gross contributions** exceed \$25,000, but do not exceed \$50,000
- \$100 If your **gross contributions** exceed \$50,000, but do not exceed \$100,000
- \$200 If your **gross contributions** exceed \$100,000, but do not exceed \$500,000
- \$250 If your **gross contributions** exceed \$500,000, but do not exceed one million dollars
- \$325 If your **gross contributions** exceed one million dollars

- **“Gross contributions”** means the total contributions received by the organization from all sources, excluding government grants (this amount is found on Line E under Computation of Fee Criteria below).
- Organizations with no prior financial history filing an initial registration shall be required to pay an initial fee of \$100.
- Organizations with prior financial history filing an initial registration shall be required to pay an initial fee of \$100 in addition to the applicable annual registration fee.

**** Any organization which allows its registration to lapse shall be required to pay a \$100 late fee in addition to the annual registration fee.**

***COMPUTATION OF FEE CRITERIA**

Due to the diversity in reporting, the following computation should be used as a guide for calculating the required annual registration fee.

Total contributions, gifts, grants, etc. (IRS Form 990, Part VIII, Line 1h) A 2,106,960

Subtract

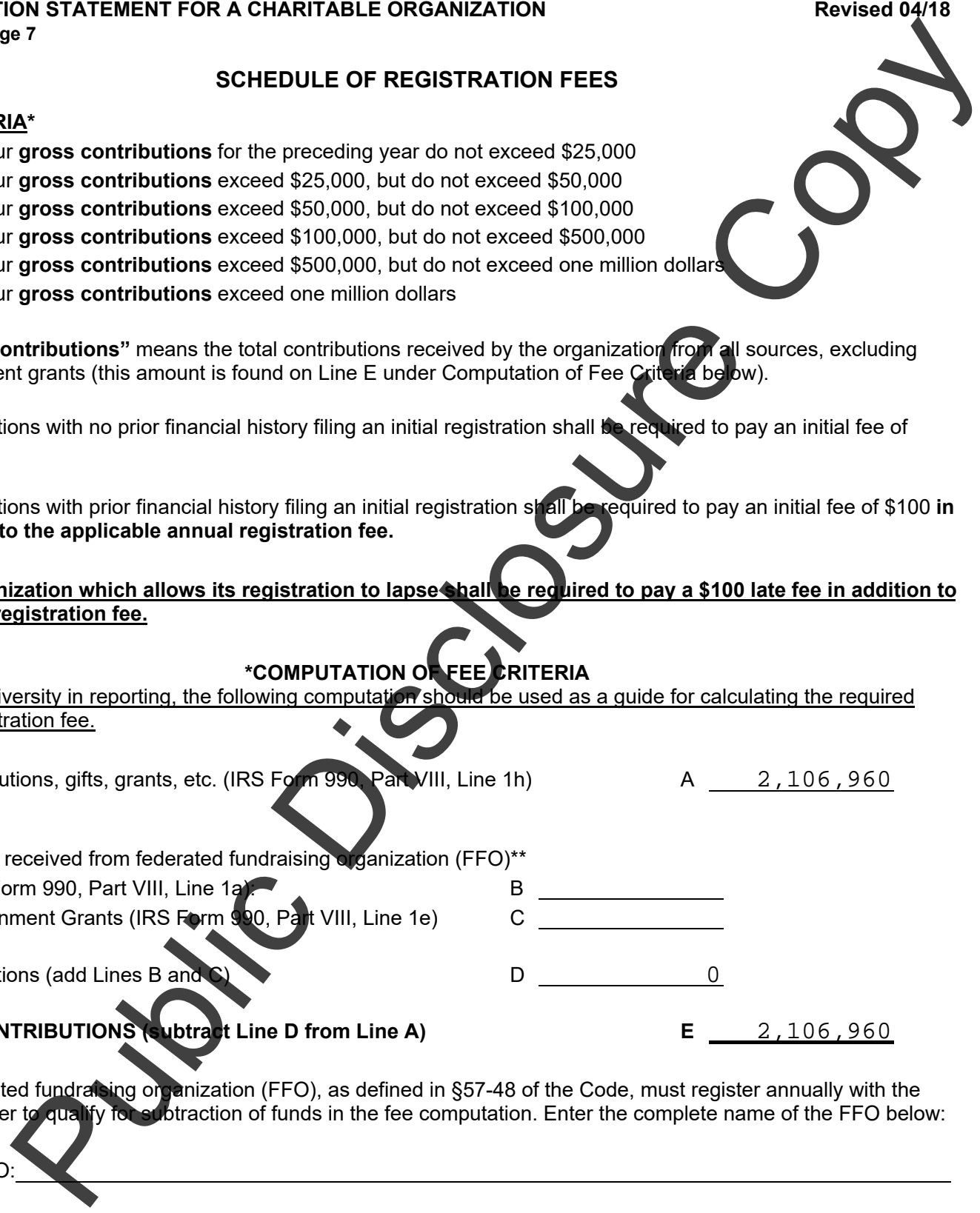
- Funds received from federated fundraising organization (FFO)** (IRS Form 990, Part VIII, Line 1a) B _____
- Government Grants (IRS Form 990, Part VIII, Line 1e) C _____

Total Deductions (add Lines B and C) D 0

GROSS CONTRIBUTIONS (subtract Line D from Line A) E 2,106,960

**The federated fundraising organization (FFO), as defined in §57-48 of the Code, must register annually with the Commissioner to qualify for subtraction of funds in the fee computation. Enter the complete name of the FFO below:

Name of FFO: _____



Statement 1 - Form 102, Page 2, Question 11 - Main Purpose of the Charitable Organization

Description

THE MISSION OF THE JAMES RIVER ASSOCIATION IS TO BE GUARDIAN OF THE JAMES RIVER. WE PROVIDE A VOICE FOR THE RIVER AND TAKE ACTION TO PROMOTE CONSERVATION AND RESPONSIBLE STEWARDSHIP OF ITS NATURAL RESOURCES.

Statement 2 - Form 102, Page 3, Question 15a - Individuals Having Signatory Power Over Funds

Name

Title

WILLIAM H. STREET

CEO

Statement 3 - Form 102, Page 3, Question 15b - Individuals Who Approve the Organization's Budget

Name

Title

SEE ATTACHED BOARD LIST

OFFICERS & BOARD MEM

Public Disclosure

Copy

Virginia Statements

Statement 4 - Form 102, Page 3, Question 15d - Names of Organization's Officers, Directors, Trustees, and Principal Salaried Staff

Name		Address 1			Address 2	Title
City	State	Zip	Foreign Province or State			
CHRIS BEAL	211	ROCKETTS WAY, STE 200				DIRECTOR
RICHMOND	VA	23231				
DORENE S. BILLINGSLEY	211	ROCKETTS WAY, STE 200				DIRECTOR
RICHMOND	VA	23231				
B. RANDOLPH BOYD	211	ROCKETTS WAY, STE 200				DIRECTOR
RICHMOND	VA	23231				
JAMES BUZZARD	211	ROCKETTS WAY, STE 200				VICE CHAIRMAN
RICHMOND	VA	23231				
THOMAS CARDWELL	211	ROCKETTS WAY, STE 200				DIRECTOR
RICHMOND	VA	23231				
PATTERSON CUNNINGHAM	211	ROCKETTS WAY, STE 200				DIRECTOR
RICHMOND	VA	23231				
GREGORY R. DAVIS	211	ROCKETTS WAY, STE 200				DIRECTOR
RICHMOND	VA	23231				
J. WILSON ENOCHS, III	211	ROCKETTS WAY, STE 200				DIRECTOR
RICHMOND	VA	23231				
ANDREA ERDA	211	ROCKETTS WAY, STE 200				TREASURER
RICHMOND	VA	23231				
FREDERICK S. FISHER	211	ROCKETTS WAY, STE 200				DIRECTOR
RICHMOND	VA	23231				
DANNA FLAHERTY	211	ROCKETTS WAY, STE 200				DIRECTOR
RICHMOND	VA	23231				
JAMES M. GOTTWALD	211	ROCKETTS WAY, STE 200				DIRECTOR
RICHMOND	VA	23231				
LAWRENCE GRAY	211	ROCKETTS WAY, STE 200				DIRECTOR
RICHMOND	VA	23231				
GEORGE A. HARRISON	211	ROCKETTS WAY. STE 200				DIRECTOR
RICHMOND	VA	23231				
THOMAS N. INNES	211	ROCKETTS WAY, STE 200				PAST CHAIRMAN
RICHMOND	VA	23231				
T. GAYLON LAYFIELD	211	ROCKETTS WAY, STE 200				DIRECTOR
RICHMOND	VA	23231				
ALASTAIR S. MACDONALD	211	ROCKETTS WAY, STE 200				DIRECTOR
RICHMOND	VA	23231				

Copy

Public Disclosure

Virginia Statements

**Statement 4 - Form 102, Page 3, Question 15d - Names of Organization's Officers,
 Directors, Trustees, and Principal Salaried Staff (continued)**

Name		Address 1			Address 2	Title
City	State	Zip	Foreign Province or State			
POLLY MCCONNELL	211	ROCKETTS WAY, STE 200				
RICHMOND	VA	23231				DIRECTOR
CHRISTOPHER MCLEAN	211	ROCKETTS WAY, STE 200				
RICHMOND	VA	23231				DIRECTOR
MATTHEW MLOT	211	ROCKETTS WAY, STE 200				
RICHMOND	VA	23231				DIRECTOR
JOHN B. MORGAN III	211	ROCKETTS WAY, STE 200				
RICHMOND	VA	23231				DIRECTOR
TYRONE MURRAY	211	ROCKETTS WAY, STE 200				
RICHMOND	VA	23231				CHAIRMAN
STERLING M. NICHOLS	211	ROCKETTS WAY, STE 200				
RICHMOND	VA	23231				DIRECTOR
KIMBALL PAYNE	211	ROCKETTS WAY, STE 200				
RICHMOND	VA	23231				DIRECTOR
JENNIFER PIKE	211	ROCKETTS WAY, STE 200				
RICHMOND	VA	23231				DIRECTOR
MARGARET PRITCHARD	211	ROCKETTS WAY, STE 200				
RICHMOND	VA	23231				DIRECTOR
F. SCOTT REED, JR.	211	ROCKETTS WAY, STE 200				
RICHMOND	VA	23231				DIRECTOR
GREGORY C. ROBINS	211	ROCKETTS WAY, STE 200				
RICHMOND	VA	23231				DIRECTOR
ANNE MCCracken ROGERS	211	ROCKETTS WAY, STE 200				
RICHMOND	VA	23231				DIRECTOR
MARGARET VANGHN	211	ROCKETTS WAY, STE 200				
RICHMOND	VA	23231				SECRETARY
MEGAN WITHERSPOON	211	ROCKETTS WAY, STE 200				
RICHMOND	VA	23231				DIRECTOR
WILLIAM H. STREET	211	ROCKETTS WAY, STE 200				
RICHMOND	VA	23231				CEO

Copy

Public Disclosure