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DLN: 93493011001000

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2008

Open to Public

Department of the Treasury Internal Revenue Service

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

	บบช calenda	ır vea	ır, or tax year beginning 0	7-01-2008 and ending 06-30)-2009		
C Name of or			C Name of organization	•	, 2003	D Employer ide	ntification number
	nge use	IRS		ation Inc			
ne chang	ge prin	tor	Doing Business As			E Telephone nu	mber
al return			Number and street (or P.O.	hov if mail is not delivered to street	address) Poom/suit	(757) 253-5	5237
	tion		PO BOX 3605	box ii maii is not delivered to street	address) Room/ suite	G Gross receipt	s \$ 6,228,462
			City or town, state or counti WILLIAMSBURG, VA 23187	y, and ZIP + 4			
	F	Nan	ne and address of Principa	al Officer	H(a) Is ti	his a group return	for
							⊤Yes ▼ No
	I				H(b) Ara	all affiliatos includs	ed?
-exemp				7(a)(1) or			· ·
eb site:	: ► WWW HI	STOR	RYISFUN ORG				
of orga	anization 🔽 C	orporat	tion trust association	other F	L Year of F	Formation 1998 M	State of legal domicile VA
1	Briefly desc	rıbe th		or most significant activities			
				ntinued its operations or dispo	osed of more than	25% of its asset	s
							18
							18
			-				C
6	Total numbe	rofv	olunteers (estimate if nec	essary)		6	18
7a	Total gross	unrela	ated business revenue fro	m Part VIII, line 12, column i	(C)	7a	C
b	Net unrelate	d bus	siness taxable income fror	n Form 990-T, line 34		7b	C
					Pr	ior Year	Current Year
8	Contributio	ns and	d grants (Part VIII, line 1	h)		1,409,356	5,793,882
9	Program se	rvice	revenue (Part VIII, line 2	g)		14,262	11,992
10	Investment	ıncor	me (Part VIII, column (A)	, lines 3, 4, and 7d)		1,771,020	247,053
11	Other rever	nue (P	Part VIII, column (A), line	s 5,6d,8c,9c,10c,and 11e)	203,917	175,535
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line			.), line	3,398,555	6,228,462	
13	Grants and	sımıla	ar amounts paid (Part IX,	column (A), lines 1-3)			189,904
14	Benefits pa	ıd to o	or for members (Part IX, c	olumn (A), line 4)			С
15	Salaries, ot 10)	other compensation, employee benefits (Part IX, column (A), lines 5-			ines 5-	100,000	C
16a	Professiona	l fund	draising fees (Part IX, colu	ımn (A), lıne 11e)			C
b	(Total fundrais	sing ex	penses, Part IX, column (D), lin	e 25 <u>587,513</u>)			
17	Other expe	nses ((Part IX, column (A), lines	11a-11d, 11f-24f)		1,572,462	2,226,428
18	Total exper	ses—	-add lines 13–17 (must e	qual Part IX, line 25, column ((A))	1,672,462	2,416,332
19	Revenue les	sexp	penses Subtract line 18 f	rom line 12		1,726,093	3,812,130
					Begin	ning of Year	End of Year
20	Total asset	s (Par	rt X, line 16)			11,898,534	14,025,273
21	Total liabili	ties (F	Part X, line 26)			765,488	597,414
22	Net assets	or fun	nd balances Subtract line	21 from line 20		11,133,046	13,427,859
t II	Signatur	e Ble	ock				
se	and belief, it is ****** Signature of PHILIP EME	of office	correct, and complete Declarat er EXECUTIVE DIRECTOR		s based on all informa 200	ation of which prepare 9-12-22	
	Preparer's	in Halfl	ic and the	Date 2000 12 10	Check if	Preparer's PTIN (See Gen Inst)
- 1	signature P			2009-12-10	self- empolyed 🕨 🏲	-	
			Laurane	Γ & HOLLAND LLP EIN ▶			
rer's	Firm's name (o	d),	P			EIN Þ	
rer's		d),	P			-	04) 673-4224
	ress channe channel al return mination ended residuation ended res	ress change ne change ne change nal return mination ended return ended return lication pending F P P W c-exempt status c of organization T Summary Briefly describational Data Check this base Additional Data Check this base	ress change ne change al return mination ended return blication pending F Nai PHILII PO BO WILLI Research status F Solice eb site: WWW HISTOR Total number of voting Number of voting Number of indepee Total number of e Total revenue—a Total	ress change in change and return in change in each ange and return in change in each ange and return in change in each ange in the change in	see It is able or print or type. See Specific instructions. F Name and address of Principal Officer PHILIP EMERSON POBOX 3605	Issue the print of	interest changes and address of Principal Control Con

Part III Statement of Program Service Accomplishments (See the instructions.)

1 See Ad	Briefly describe the organia dditional Data Table	zation's mission			
2	the prior Form 990 or 9	· · ·		ne year which were not listed on	┌ Yes ┌ No
3	Did the organization ce services?	ase conducting or make		wit conducts any program	┌ Yes ┌ No
4	Describe the exempt pu Section 501(c)(3) and	(4) organizations and 49		s three largest program services b red to report the amount of grants reported	•
4a	ACQUISITION AND CONSER MOST NOTABLY A JULY 18, LECTURE SERIES WAS HELD SERIES DURING FEBRUARY WEEKLONG EDUCATION PR PRACTICE WHAT THEY ARE WERE PRESENTED TO APPETHE ELEMENTARY SCHOOL ADDITIONAL RESOURCES A HOUSE CATALOGUES, MEET	DS WERE USED TO SUPPORT E NATION, AS WELL AS SPECIAL 1776 PRINTED COPY OF THE D IN CONJUNCTION WITH THE IN CONJUNCTION WITH BLAC OGRAM FOR 24 VIRGINIA TEA ELEARNING AS THEY WORK IN ROXIMATELY 19,000 ADDITION SCHOLARSHIP PROGRAM WHI IRE BEING USED TO DEVELOP ING EXPENSES FOR THE ANNI	EXHIBITIONS DURING THIS YED DECLARATION OF INDEPENDEN ESPECIAL EXHIBITION, JAMESTICK HISTORY MONTH FUNDING ICHERS THAT INCLUDES HISTOI COSTUME WITH A MENTOR AT IAL STUDENTS IN THEIR VIRGINICH INCLUDES AN OUTREACH POWER EDUCATIONAL MATERIALS UAL MUSEUMS & PROGRAMS AN	of \$) (Revenue \$ AT THE FOUNDATION'S TWO MUSEUMS TO THE FAR, 24 ARTIFACTS WERE ADDED TO THE ICE FUNDING ALSO SUPPORTED ON-SITE OWN AND BERMUDA, VIRGINIA COMPANY ALSO SUPPORTED THE SUMMER TEACHER ICAL CONTENT, INSTRUCTIONAL TECHNIC ONE OF THE MUSEUMS HANDS-ON OUT ITA CLASSROOMS, AND APPROXIMATELY 2.0 PROGRAM AND ON-SITE FIELD TRIP TO JAMPONIS WEB SITE RESIDITIONS COUNCIL, VOLUNTEER RECRUITION OF FUNDING ASSISTED WITH THE PROGRAM AND ON-SITE PROBLEM OF THE FOUNDATION'S WEB SITE RESIDITION OF THE FOUNDATION OF THE PROGRAM AND ASSISTED WITH THE PROGRAM AND ASSISTED WITH THE PROGRAM AND ASSISTED WITH THE PROGRAM OF THE PROGRAM ASSISTED WITH THE PROGRAM AND ASSIS	FOUNDATION'S COLLECTION, EVENTS AND PROGRAMS, A COLONIES, AND A LECTURE R INSTITUTE, WHICH IS A IQUES, AND AN OPPORTUNITY TO REACH EDUCATION PROGRAMS, 000 STUDENTS PARTICIPATED IN MESTOWN SETTLEMENT EARCH MATERIALS, AUCTION MENT AND RETENTION, AND
4b	(Code) (Expenses \$	ıncludıng grants ol	f\$)(Revenue\$)
4c	(Code) (Expenses \$	including grants of	f\$)(Revenue\$)
4d	Other program service	es (Describe in Schedule including	e O) g grants of \$) (Revenue \$)
4e	Total program service	expenses \$	1,644,496 Must equal i	Part IX, Line 25, column (B).	

art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If</i> "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νo
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If</i> "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliano	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	18			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c	Yes	
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	0			
ь	If at least one is reported in 2a, did the organization file all required federal employr		ax returns?			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more durin	g the	year covered by this			
_	return?			3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	tv Reaardina Prohibited			
_	Tax Shelter Transaction?	•		5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	itribut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	/ prem	nums on a personal			
_	benefit contract?			7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a section $\frac{1}{2}$					
	excess business holdings at any time during the		,	8		
	year?					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶ .		9b		
10	Section 501(c)(7) organizations. Enter	ı	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	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	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				
	year					

8

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances
processes, or changes in Schedule O. See instructions.

	processes, or changes in Schedule O. See Instructions.	_	_
a	Enter the number of voting members of the governing body	1a	18
b	Enter the number of voting members that are independent	1b	18

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?
Did the organization delegate control over management duties customarily performed by or under the direct

,	Did the organization delegate control over management duties customarny periormed by or under the unect	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	
Ļ	Did the organization make any significant changes to its organizational documents since the prior Form 990 v	was

	filed?	, ,	3	·		
;	Did the organization becom	ne aware durin	ng the year of a material	diversion of the organization's assets?		

Does the organization have members or stockholders?	
Does the organization have members, stockholders, or other persons who may elect one or more members of the	

	governing body?																										
b	Are any decisions	of	the	gove	rnın	g b	ody	sub	ојес	t to	ар	prov	al b	у п	nem	bers	s, st	ock	hol	ders	, 0	r otł	ner	pers	ons	?	

•	_	_		-		•	,	,	•	
Did the eventuation of			ام برا م				ld on western		متعدداء مميامه	- +6-
Did the organization of	ontempo	raneou	isiy a	iocume	int the me	etings ne	ia or written a	actions unde	rtaken durin	gtne
vear by the following										

Did the organization contemporalized by document the meetings held of written actions undertaken during the	
year by the following	
Abo = b do 2	

	ine governing zear,	-	-	-	-	_	-	_	_	-	-	-	
b	each committee with authority to act on behalf of the governing body?												
	Does the organization have local chapters, branches, or affiliates? .												

		· · ·	•		
b	If "Yes," does the organiza	tion have written policie	s and procedures gover	ning the activities of such	chapters,
	affiliates, and branches to	ensure their operations	are consistent with thos	se of the organization? .	

10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
	must describe in Schedule O the process, if any, the organization uses to review the Form 990

		•	,	, ,	•								
11	Is there any officer, director or t	trustee,	or key	employe	e listed ir	n Part VII,	, Section A	, who can	not l	be i	eac	hed	at
	the organization's mailing addre	ss? If"\	res," p	rovide th	e names a	and addres	sses in Sch	edule O					

8a	Yes	
8b	Yes	
9a		No
9b		
10	Yes	
11		No
<u> </u>		

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed VA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of 19 interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

TINA SINCLAIR 200 HAWKS NEST DR WILLIAMSBURG, VA 23185 (757) 253-5237

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

🔽 Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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

	(B) Average hours per week	Posit	(C lon (d hat a	chec		I			(5)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations

Part VII Continued

				(ition that a			all			(E)		(F)	
	(A) Name and Title	e (B) A verage hours per week per week week per week week per week week week week week week week we										Estima amount o compens from t organizati relat organiza	f other sation :he on and ed
											t		
											#		
											\downarrow		
											$^{+}$		
											\pm		
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											+		
1 h	Total							 		[ol	0		0
2	Total number of individuals (includin compensation from the organization)	g those ın 1	a) who i				re thar	า \$1	O0,000 in reportab	le			
												Yes	No
3	Did the organization list any former									sated employee			
4	on line 1a? If "Yes," complete Schedu. For any individual listed online 1a, is									n from the	3		No
4	organization and related organization												
_	individual			•	•	•		•			4		No
5	Did any person listed on line 1a rece rendered to the organization? <i>If</i> "Yes										5		No
Se	ection B. Independent Contra	ctors											
1	Complete this table for your five high \$100,000 of compensation from the			ndep	ende	ent	contra	ctor	rs that received mo	re than			
	•	(A) d business add							Des	(B) cription of services		Compe	

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

0

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
10.0	1a	Federated campaigns .	. 1a					
新	b	Membership dues	 1b					
Contributions, gifts, grants and other similar amounts	С	Fundraising events .						
<u>≅,</u> ≅	d	Related organizations .	1d					
ž.Œ	e	Government grants (contribut	tions) 1e					
oution ther s	f	All other contributions, gifts, g similar amounts not included	above	5,793,882				
## ## ## ## ## ## ## ## ## ## ## ## ##	g	Noncash contributions i	1f ncluded in					
S # S		lınes 1a-1f \$						
	h	Total (Add lines 1a-1f)			5,793,882			
GL.				Business Code				
БШ	2a	PROGRAM SERVICE REVENU		900,099	11,992			11,992
84 84	Ь							
93	С .							
Zer Zer	d							
Ē	e f							
Program Serwce Revenue	'	All other program servic	e revenue					
Δ	g	Total. Add lines 2a-2f ► \$ 11,992						
	3	Investment income (inc	luding divi	dends, interest				
		other similar amounts)			223,410			223,410
	4	Income from investment of to	ax-exempt b	ond proceeds				
	5	Royalties						
		(ı) R		(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (lo	ss)					
		(ı) Sec	urities	(II) O ther				
	7a	Gross amount from sales of	23,643					
		assets other than inventory						
	ь	Less cost or other basis and						
		sales expenses	22.642					
	c d	Gain or (loss) Net gain or (loss)	23,643		23,643			23,643
	8a	Gross income from fund events (not including	raising					
Φ		\$ of contributions reported	d on line					
n S		1c) See Part IV, line 18	3					
ě		Attach Schedule G if total \$15,000						
4	ь	Less direct expenses						
Other Revenue	с	Net income or (loss) fro						
•	9a	Gross income from gam	ıng	<u> </u>				
		activities See part IV, l Complete Schedule G if to						
		exceeds \$15,000						
	١.		a					
	b c	Less direct expenses Net income or (loss) fro		a structures				
		• • •	in ganning a	► ►				
	10a	Gross sales of inventory returns and allowances						
	b	Less cost of goods sold	ь					
	с	Net income or (loss) fro						
	44-	Miscellaneous Revenue	e	Business Code 900,099	175,535			175,535
	11a	OTHERINCOME		900,099	1/3,335			173,333
	Ь							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		 \$ 175,535				
	12	Total Revenue. Add line	s 1h, 2g, 3		6,228,462	0	0	434,580
		8c, 9c, 10c, and 11e		. ▶				

Part IX Statement of Functional Expenses

	Il other organizations must complete column (A) but are not re				
Oo 1	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 governments and organizations in the U.S. See Part IV, line 21	189,904	189,904		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
LO	Payroll taxes				
1	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	11,125		11,125	
.2	Advertising and promotion				
.3	Office expenses	114,220	77,735	36,485	
4	Information technology				
.5	Royalties				
. 6	Occupancy				
.7	Travel	32,331	24,516		7,815
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
. 9	Conferences, conventions and meetings	20,387	13,875	6,512	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	11,813		11,813	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	EVENTS AND EXHIBITS	1,175,061	1,175,061		
b	MANAGEMENT SERVICES	450,820		98,982	351,838
c	CONTRACT SERVICES	151,631	42,536		109,095
d	PRINTING	124,071	84,440		39,631
е	FUNDRAISING	60,036			60,036
f	All other expenses	74,933	36,429	19,406	19,098
25	Total functional expenses. Add lines 1 through 24f	2,416,332	1,644,496	184,323	587,513
26	Joint Costs. Check Tif following SOP 98-2 Complete this				
	line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

Part X	Balance	Shoot
	Balance	Sneer

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	3,653,442	1	161,805
	2	Savings and temporary cash investments	. 0,000,1112	2	6,884,839
	3	Pledges and grants receivable, net	947,152		1,251,060
	4	Accounts receivable, net	. 547,152	4	1,251,000
	_	·	•	-	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) a persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	and	6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
2	9	Prepaid expenses and deferred charges	0	9	1,000
ssets	10a	Land, buildings, and equipment cost basis			
AS					
	b	Less accumulated depreciation Complete Part VI of Schedule D		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11 Complete Part VII of	7,297,940		5,726,569
	13	Schedule D Investments—program-related See Part IV, line 11 Complete Part VIII		12	
		of Schedule D .		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,898,534	16	14,025,273
	17	Accounts payable and accrued expenses .	464,141	17	304,555
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S.	21	Escrow account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
jā.		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		24	
	25	Other liabilities Complete Part X of Schedule D	301,347	25	292,859
	26	Total liabilities. Add lines 17 through 25	765,488	\vdash	597,414
	20	Organizations that follow SFAS 117, check here F and complete lines 27	, 05,400	20	357,414
ф S		through 29, and lines 33 and 34.			
Balance	27	Unrestricted net assets	8,808,634	27	6,941,478
<u>평</u>	28	Temporarily restricted net assets	1,677,751	\vdash	1,947,264
	29	Permanently restricted net assets	646,661	29	4,539,117
Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete	5 13,55 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
or F		lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds		30	
à	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	11,133,046	33	13,427,859
	34	Total liabilities and net assets/fund balances	11,898,534	34	14,025,273
Da	-+ VT	Financial Statements and Reporting			

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Employer identification number

93493011001000

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public
Inspection

Jamest	own-Y	orktown Found	ation inc					31	-1618642	2		
Par	tΙ	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio					
				ation because it is (Please					111001 400	.01.07		
1	Γ	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	170(b)(1)((A)(i).			
2	Γ	A school de	escribed in Sect	tion 170(b)(1)(A)(ii). (Attac	h Schedu	le E)						
3	Γ	A hospital	or a cooperative	e hospital service organizati	on descril	oed in Sec	t ion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	e H)	
4	Γ	A medical i	esearch organi	zation operated in conjuncti	on with a l	nospital de	escribed i	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Γ	An organiza	ation operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	rnmental	unit desci	rıbed ın	
				(Complete Part II)								
6	Γ			overnment or governmental	unıt descr	ıbed ın Se	ction 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	Γ	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)										
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from c	ontributior	ıs, membe	rship fees	, and gross	S
		receipts fro	m activities rel	ated to its exempt functions	-subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	n 511 tax	k) from bus	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509((a)(4). (Se	ee instruct	tions)	
11	Γ	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										
										Section 5	09(a)(3). 🤇	Check
		a T		type of supporting organization Type II c		•	nes lle t nally Integ	_	h d	Γ τ _{νρο}	III - O the	3.r
e	\vdash			rtify that the organization is			-					
-	,	•	- ,	agers and other than one or			•			•	•	
		section 50		3		, , , ,	,				. , ,	,
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organiza	tion,
		check this		as the organization acconto	d any gift i	or contrib	ution from	any of the				ļ
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?										
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g((i)	
		(ii) a family	member of a p	erson described in (i) above	7					11g(ii)	
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (ıı) al	oove?				11g(iii)	
h		Provide the	following inform	nation about the organizatio	ns the org	anızatıon	supports					
		ame of	(ii) EIN	(iii) Type of organization		s the		ou notify	(vi) I	s the	(vii) A mo	
,		orted		(described on lines 1 - 9	_	ation in		nization		ation in	suppo	rt?
(rgar	ıızatıon		above or IRC section (See Instructions)	col (i) your go			i) of your oort?		rganized US?		
				(See Instructions))	docur	-	3451	,,,,	"" ""	0 0		
					Yes	No	Yes	No	Yes	No	1	

Total

Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box o	11 IIIIe 5, 7, or	o oi Part I.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,960,174	2,201,667	3,982,666	1,409,356		5,793,882	16,347,745
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
	its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	2,960,174	2,201,667	3,982,666	1,409,356		5,793,882	16,347,745
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							603,379
6	(f) Public Support subtract line 5 from line							
Ü	4							15,744,366
T	otal Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	2,960,174	223,958	3,982,666	1,409,356		5,793,882	16,347,745
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	149,725	223,958	403,676	531,598		247,053	1,556,010
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			26,396	203,917		175,535	405,848
11	Total Support (Add lines 7 through 10)							18,309,603
12	Gross receipts from related activities, etc	(See instruction	s)	•	•	12		62,102
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		rst, second, third	d, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		85.990 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		86.540 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di	a publicly supp d not check the	orted organizati box on line 13 o	on r 16a, and line 1	·			
17a	box and stop here. The organization qualifie 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "facts and circumst	If the organizations to the community of	on did not check ances" test, che	a box on line 13 eck this box and	stop here. Exp	laın ın	Part IV ho	
b	10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fac	If the organizations to the community of	on did not check ances" test, che	a box on line 13 eck this box and	3, 16a, 16b, or stop here. Exp	17a ar Iain in	nd line 15 Part IV ho	s 10% or w
18	the organization meets the "facts and circu Private Foundation. If the organization did							►□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 31-1618642

Name: Jamestown-Yorktown Foundation Inc

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada											
		(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
SUE H GERDELMAN , PRESIDENT		Х		Х				0	0	0	
HARRY A PEARCE , SENIOR VICE PRESIDENT		x		x				0	0	0	
JANE T KAPLAN , SECRETARY		Х		Х				0	0	0	
J ROBERT MOONEY , TREASURER		Х		Х				0	0	0	
A MARSHALL ACUFF JR , IMMEDIATE PAST PRESIDENT		×		х				0	0	0	
JEANNIE P BALILES , BOARD MEMBER		Х						0	0	0	
MARI ANN BANKS , BOARD MEMBER		Х						0	0	0	
DIANA F CANTOR , BOARD MEMBER		Х						0	0	0	
H BENSON DENDY III , CHAIRMAN BOARD OF TRUSTE		х		х				0	0	0	
MARJORIE N GRIER , BOARD MEMBER		Х						0	0	0	
JOHN H HAGER , BOARD MEMBER		Х						0	0	0	
KENNETH M KRAKAUR , BOARD MEMBER		х						0	0	0	
ROBERT E MARTINEZ , BOARD MEMBER		х						0	0	0	
GEORGE L MCCABE JR , BOARD MEMBER		х						0	0	0	
JOSEPH W MONTGOMERY, BOARD MEMBER		×						0	0	0	
CARROLL WOWENS JR , BOARD MEMBER		х						0	0	0	
JOHN W ROSENBLUM , BOARD MEMBER		Х						0	0	0	
THOMAS D RUTHERFOORD J , BOARD MEMBER		Х						0	0	0	
PHILIP EMERSON , EXECUTIVE DIRECTOR		Х		х				0	0	0	

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

THE JAMESTOWN-YORKTOWN FOUNDATION, INC. (THE ORGANIZATION), IS A NON-PROFIT, 501(C)(3) CORPORATION ORGANIZED FOR CHARITABLE AND EDUCATIONAL PURPOSES IN SUPPORT OF THE PROGRAMS OF THE JAMESTOWN-YORKTOWN FOUNDATION AND ITS MUSEUMS, JAMESTOWN SETTLEMENT AND YORKTOWN VICTORY CENTER. THE ORGANIZATION DIRECTS FUND RAISING FOR PRIVATE GIFTS, MANAGES THE ENDOWMENT, AND ASSISTS WITH THE ACQUISITION OF ARTIFACTS FOR THE COLLECTION OF THE JAMESTOWN SETTLEMENT AND YORKTOWN VICTORY CENTER MUSEUMS. THE ORGANIZATION RECEIVES CHARITABLE GIFTS AND DONATIONS FOR THE BENEFIT OF THE FOUNDATION.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

THE JAMESTOWN-YORKTOWN FOUNDATION, AN EDUCATIONAL INSTITUTION OF THE COMMONWEALTH OF VIRGINIA, SHALL FOSTER THROUGH ITS LIVING-HISTORY MUSEUMS - JAMESTOWN SETTLEMENT AND YORKTOWN VICTORY CENTER - AN AWARENESS AND UNDERSTANDING OF THE EARLY HISTORY, SETTLEMENT, AND DEVELOPMENT OF THE UNITED STATES THROUGH THE CONVERGENCE OF NATIVE AMERICAN, EUROPEAN, AND AFRICAN CULTURES AND THE ENDURING LEGACIES BEQUEATHED TO THE NATION.

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

	me of the organization		Employer identification number
Jar	nestown-Yorktown Foundation Inc		31-1618642
Pa	art I Organizations Maintaining Donor A	dvised Funds or Other Similar Fu	
	organization answered "Yes" to Form 99	0, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		oradvised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		may be
Pa	rt II Conservation Easements. Complete	ıf the organizatıon answered "Yes" to	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space	on or pleasure) Preservation of an	historically importantly land area rtified historic structure
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ified conservation contribution in the form	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	S	2b
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by the organization during
	the taxable year ►		
4	Number of states where property subject to conserva	ation opcoment is located	
5	Does the organization have a written policy regarding		ations and
3	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2 (d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial nents	statements that describes
Pa	rt III Organizations Maintaining Collectio Complete if the organization answered '	"Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or research	th in furtherance of public service,

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art,

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Par	411 Organizations Maintaining Co	llections of Art, I	listori	cal Trea	<u>asure</u>	es, or Other	r Similaı	r Asset	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any o	f the fol	lowing tha	at are a	a significant us	se of its co	llection		
а	Public exhibition	•	d [Loan or	excha	nge programs				
b	Scholarly research		e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and explain	how the	y further t	he org	anızatıon's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						ılar	Г	es (┌ No
Pai	t IV Trust, Escrow and Custodial					zation answe	ered "Yes	" to Fo	rm 9	90,
_	Part IV, line 9, or reported an ar									
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?		ary for o	ontributio	ons or	other assets n	iot	Γ,	es (┌ No
Ь	If "Yes," explain why in Part XIV and comple	ete the following table								
								A mour	nt	
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 Fo	orm 990, Part X, line 2	1?					Γ 1	es (│ No
b	If "Yes," explain the arrangement in Part XIV			1 115 4 11		000 0				
Pa	rt V Endowment Funds. Complete	if the organization a	nswer (b)Prior			rm 990, Pari Years Back (d)			Four Ve	ars Rack
la	Beginning of year balance	6,411,196	(B) Hor	rear ((6)1110	rears back (a)	Timee rears i	Suck (C)	rour re	dis back
b	Contributions	4,075,717								
с	Investment earnings or losses	-1,177,896								
d	Grants or scholarships									
e	Other expenditures for facilities	213,890								
_	and programs									
f	Administrative expenses	9,095,127								
g	End of year balance									
2	Provide the estimated percentage of the year	rend balance held as 50 000 %								
а	Board designated or quasi-endowment	30 000 %								
Ь	Permanent endowment > 50 000 %									
c	Term endowment ► 0 %	611	1.1 - 2	, , ,			. 1			
За	Are there endowment funds not in the posse organization by	ssion of the organization	on that	are neid a	nd adr	ninistered for i	ine	Г	Yes	No
	(i) unrelated organizations							3a(i)		No
	(ii) related organizations							3a(ii)		Νο
b	If "Yes" to 3a(II), are the related organization							3b		
4	Describe in Part XIV the intended uses of th				\ \ \	LV 1 40				
Par	t VI Investments—Land, Building	s, and Equipment				<u> </u>			1	
	Description of investment			a) Cost or o		(b)Cost or other basis (other)	(c) Depr	eciation	(d) B	ook value
1a	Land						-			
b	Buildings									
c	Leasehold improvements		·							
	Equipment		·							
е	Other									

0

Part VII Investments—Other Securities. See	e Form 990, Part X, line 1.	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		l of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other MULTI-ASSET FUND	5,726,569		
Table (California (b) about a social forms 000, Book V, and (B) book at 2.	5.726.560		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	5,726,569		
Part VIII Investments—Program Related. S	ee Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method	l of valuation
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, (a) Description		1	(b) Book value
(a) Desci	Τρειοιι		(b) Dook value
Fall (Colores (b) about a surel Farm 2000 Part V and (B) bar	<i>(5)</i>	_	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part			
Other Liabilities. See Form 990, Part (a) Description of Liability	(b) A mount		
ederal Income Taxes	(S) Amount		
DUE TO COMMONWEALTH	292,859		
TO COMMONWEALTH	292,039		
	+		
	+		
	+		
Fabril (Caluma (b) should a real form 2000 Day V (1/20) a real			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	▶ 292,859		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,228,462
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,416,332
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,812,130
4	Net unrealized gains (losses) on investments	4	-1,517,317
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-1,517,317
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	2,294,813
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	4,711,145
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	-1,517,317
3	Subtract line 2e from line 1	3	6,228,462
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,228,462
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	2,416,332
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,416,332
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,416,332

Part XIV Supplemental Information				
	scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part X	5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, III, lines 2d and 4b		
Ident if ier	Return Reference	Explanation		
Part V, Line 4	Description of Intended Use of Endowment Funds	Board Designated Endowments The Foundation's Board of Directors has designated a portion of unrestricted net assets as funds functioning as endowments Separate funds have been established for the Acquisitions Fund, Education Programs Fund and General Endowment The purpose of the Acquisitions Fund is to provide an ongoing source of funding for purchasing and preserving artifacts relevant to Jamestown Settlement and Yorktown Victory Center The primary investment objective of this fund is to preserve and protect assets by focusing on conservation of principal and long-term growth of capital and income This objective is generally attained by investing in a portfolio of high quality securities Expenditures from the fund are based upon a 5% spending plan using a three-year average market value No funds were withdrawn from the fund for artifacts in 2009 and 2008. The purpose of the Education Programs Fund is to provide an ongoing source of funding for supporting educational programs including on-site and outreach education, outdoor interpretive areas and related programming, and changing exhibitions. The primary investment objective of the fund is to preserve and protect its assets by focusing on conservation of principal and long-term growth of capital and income. This objective is generally attained by investing in a portfolio of high quality securities. Expenditures from this fund are based upon a 5% spending plan using a three-year average market value Funds of \$4,800 and \$2,800 were withdrawn from the fund for programs in 2009 and 2008, respectively. The General Endowment fund was established to provide cash flow for Jamestown Yorktown Foundation, Inc. and Jamestown-Yorktown Foundation, Inc. and Jam		

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Schedule I

DLN: 93493011001000

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S. (Form 990)

Department of the Treasury Internal Revenue Service	Complete if	the organization answ	ered "Yes," on Form 99	0, Part IV, lines 21 or 2	22. Attach to Form 990.		Open to Public Inspection
Name of the organization Jamestown-Yorktown Foundat	on Inc					Employer ide	ntification number
	on the					31-161864	12
Part I General Infor	mation on Grant	ts and Assistance					
1 Does the organization m							5. -
the selection criteria us							Yes
2 Describe in Part IV the							1 1157 11
Form 990, Part Part IV and Sch	IV, line 21 for any nedule I-1 if additio	recipient that receing receing receing receing receing receils.	ved more than \$5,00	00. Check this box i	es. Complete if the of no one recipient rec	eived more than s	
	<u> </u>	1					
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	
COMMONWEALTH OF VA JAMESTOWN YORKTOWN FOUNDATIONPO BOX 160 WILLIAMSBURG, VA 2318	1		189,904		FMV		EDUCATIONAL INITIATIVES, MAINLY THE TEACHER'S INSTITUTE AND STATEWIDE OUTREACH EDUCATION PROGRAM
2 Enter total number of se	ction 501(c)(3) and c	overnment	1	<u> </u>			<u> </u>
organizations					•		

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 THE ORGANIZATION ONLY MAKES GRANTS TO JYF, AN AGENCY OF THE COMMONWEALTH OF VIRGINIA RESTRICTED GIFTS TRANSFERRED TO THE STATE AGENCY ARE EXPENDED IN ACCORDANCE WITH THE ORIGINAL GIFT RESTRICTION

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DLN: 93493011001000

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization Jamestown-Yorktown Foundation Inc

Employer identification number

-	T				31-1618642			
Pā	rt I Types of Property	(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of de reven	etermi	nıng	
	0 10/	applicable		1g	DONOB VALUE			
	Art—Works of art	X	1	350	DONOR VALUE			
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods	×		1,653	DONOR VALUE			
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
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 (describe <u>OTHER</u>)	Х	47	31,496	DONOR VALUE			
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	33, Part IV, Donee	ar for contributions for	29			
30a	During the year, did the organization bold for at						Yes	No
	least three years from the date of for the entire holding period?			not required to be used for	exempt purposes	30a		No
H	If "Yes", describe the arrangem			- · ·	- ·			
31	Does the organization have a gif			review of any non-standard	contributions?	31		Νo
372	Does the organization hire or us							
a		• tilliu part		· · · · · · · · · · · ·		32a		Νo
33	· .	: revenues i	ın Column (c) for a type of p	property for which Column (a	a) is			-
	checked, describe in Part II					1		

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.					
Identifier	ReturnReference	Explanation			
240111111	Notal III Colored	Explanation			
	1	I .			

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DLN: 93493011001000

31-1618642

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE 0 (Form 990)

Jamestown-Yorktown Foundation Inc

Department of the Treasury

Supplemental Information to Form 990 ▶ Attach to Form 990. To be completed by organizations to provide additional information for

responses to specific questions for the Form 990 or to provide any additional information. Internal Revenue Service Name of the organization **Employer identification number**

Return **Identifier Explanation** Reference THE FOUNDATION'S AUDIT COMMITTEE, A SUB-COMMITTEE OF THE BOARD OF DIRECTORS, REVIEWS Form 990, Part VI, THE FORM 990 BEFORE IT IS FILED. THE FILED FORM 990 IS MADE AVAILABLE TO THE FOUNDATION'S Section A, line 10 BOARD OF DIRECTORS PRIOR TO FILING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		EACH MEMBER, UPON JOINING THE BOARD, IS REQUIRED TO SIGN THE AGENCY'S CODE OF ETHICS POLICY, WHICH MAKES APPLICABLE TO THE JAMESTOWN-YORKTOWN FOUNDATION, INC (THE ORGANIZATION), THE SAME DISCLOSURE/CONFLICT OF INTEREST POLICIES AS STATE MEMBERS WHILE THE ORGANIZATION'S MEMBERS ARE NOT REQUIRED TO SUBMIT THE CONFLICT OF INTEREST FORM ANNUALLY, THEY ARE HELD TO THE SAME STANDARDS AND MAY BE ASKED AT ANY TIME TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		OUR GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST, OUR CODE OF ETHICS IS A PUBLIC DOCUMENT, FINANCIAL INFORMATION IS AVAILABLE THROUGH THE JAMESTOWN-YORKTOWN FOUNDATION, INC, ANNUAL REPORT OF DONORS

ldentifier	Return Reference	Explanation
Schedule A, Part II, Line 10	Explanation for Other Income	MISCELLANEOUS INCOME SUPPLY REIMBURSEMENT

ldentifier	Return Reference	Explanation
PART V, QUESTIONS 1C, 7G, 7H	BACKUP WITHHOLDING	THE ORGANIZATION DID NOT HAVE ANY REPORTABLE PAYMENTS TO VENDORS OR REPORTABLE GAMING (GAMBLING) WINNINGS TO PRIZE WINNERS AND THEREFORE THE BACKUP WITHHOLDING RULES DID NOT APPLY IN ADDITION, THE ORGANIZATION DID NOT RECEIVE CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY AND WAS THEREFORE NOT REQUIRED TO FILE FORM 8899 LIKEWISE, THERE WERE NO CONTRIBUTIONS OF CARS, BOATS, AIRPLANES OR OTHER VEHICLES, AND FORM 1098-C WAS NOT REQUIRED