Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: JAMESTOWNE SOCIETY

Number and street (or P O box, if mail is not delivered to street address): P.O. BOX 6845 — Room/suite

City or town, state or country, and ZIP + 4: RICHMOND, VA 23227-4307

D Employer identification number: 54-0964184

E Telephone number: 804-353-1226

F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Accounting method [ ] Cash [X] Accrual Other (specify) ▶

I Website: ▶ WWW.JAMESTOWNE.ORG

H Check ▶ [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 394,074.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	12,631.
	2	Program service revenue including government fees and contracts			2	20,275.
	3	Membership dues and assessments			3	85,650.
	4	Investment income			4	64,498.
	5a	Gross amount from sale of assets other than inventory STMT 4	5a	186,787.		
	b	Less cost or other basis and sales expenses	5b	240,023.		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	<53,236.>
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ [ ]				
	a	Gross revenue (not including $ of contributions reported on line 1)	6a			
	b	Less direct expenses other than fundraising expenses	6b			
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	
	7a	Gross sales of inventory, less returns and allowances STMT 7	7a	24,238.		
	b	Less: cost of goods sold	7b	10,366.		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	13,872.
	8	Other revenue (describe ▶ PARTNERSHIP INCOME (LOSS))			8	<5.>
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶			9	143,685.
Expenses	10	Grants and similar amounts paid (attach schedule)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	41,859.
	13	Professional fees and other payments to independent contractors			13	
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 6			14	16,799.
	15	Printing, publications, postage, and shipping			15	13,334.
	16	Other expenses (describe ▶ SEE STATEMENT 1)			16	39,668.
	17	**Total expenses.** Add lines 10 through 16 ▶			17	111,660.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	32,025.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	659,645.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5			20	232,395.
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶			21	924,065.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	562,279.	22	816,945.
23	Land and buildings	156,500.	23	151,682.
24	Other assets (describe ▶ SEE STATEMENT 2)	28,281.	24	20,793.
25	**Total assets**	747,060.	25	989,420.
26	**Total liabilities** (describe ▶ SEE STATEMENT 3)	87,415.	26	65,355.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	659,645.	27	924,065.

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02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2009)

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

What is the organization's primary exempt purpose? HISTORIC EDUCATION AND PRESERVATION

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

			Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts optional for others)
28	GENEALOGICAL RESEARCH AND HISTORIC DOCUMENT PRESERVATION (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	67,755.
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	67,755.

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 9		36,000.	3,104.	

Part V Other Information (Note the statement requirements in the instructions for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ NONE

42a The organization's books are in care of ▶ THE ORGANIZATION Telephone no ▶ 804-353-1226
Located at ▶ P.O. BOX 6845, RICHMOND, VA ZIP + 4 ▶ 23227-4307

			Yes	No
b	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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ▶	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

		Line	Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None"

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None"

NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

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

▶ Harrison R Tyler — Signature of officer — Date 11-11-10

▶ HARRISON R TYLER, TREASURER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Martin R. Atwood — Date 11-10-10 — Check if self-employed ▶ ☐ — Preparer's identifying number (See instr)

Firm's name (or yours if self-employed), address and ZIP + 4 ▶ GOODMAN & COMPANY
4510 COX ROAD, SUITE 200
GLEN ALLEN, VA 23060-3394

EIN ▶

Phone no ▶ (804)282-7636

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
JAMESTOWNE SOCIETY

Employer identification number
54-0964184

Part I **Reason for Public Charity Status** (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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)

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 [X] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 [ ] An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col (i) of your support? Yes	No	(vi) Is the organization in col (i) organized in the U S ? Yes	No	(vii) Amount of support
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | %

15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2008.** 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 - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	93,790.	134,460.	176,798.	95,725.	98,281.	599,054.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	38,673.	32,676.	50,465.	36,973.	24,238.	183,025.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	21,028.	134,459.	58,587.	22,215.	20,275.	256,564.
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 through 5	153,491.	301,595.	285,850.	154,913.	142,794.	1,038,643.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5 000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 **Public support** (Subtract line 7c from line 6)						1,038,643.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	153,491.	301,595.	285,850.	154,913.	142,794.	1,038,643.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,645.	51,190.	52,435.	49,211.	64,498.	256,979.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	39,645.	51,190.	52,435.	49,211.	64,498.	256,979.
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)				284.	<5.>	279.
13 **Total support** (Add lines 9 10c 11 and 12)	193,136.	352,785.	338,285.	204,408.	207,287.	1,295,901.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	80.15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	43.44	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	19.83	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	18.10	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not 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 - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1

DESCRIPTION	AMOUNT
EXAMINATIONS	11,425.
GIFTS AND HONORARIA	1,750.
MEETING EXPENSES	15,905.
COLUMBUS/JEFFERSON DAY	170.
DIRECTORS & OFFICERS INSURANCE	650.
MILEAGE REIMBURSEMENT	37.
MORTGAGE INTEREST	4,538.
WEBSITE	326.
WORKERS COMPENSATION INS.	303.
INVESTMENT EXPENSE	4,564.
TOTAL TO FORM 990-EZ, LINE 16	39,668.

FORM 990-EZ	OTHER ASSETS	STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DIVIDENDS RECEIVABLE	5,434.	2,475.
INVENTORY	22,847.	18,318.
TOTAL TO FORM 990-EZ, LINE 24	28,281.	20,793.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	5,788.	0.
PAYROLL TAXES PAYABLE	1,825.	0.
MORTGAGE	79,802.	65,355.
TOTAL TO FORM 990-EZ, LINE 26	87,415.	65,355.

FORM 990-EZ GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 4

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SCOTT & STRINGFELLOW SCHEDULE ATTACHED	186,787.	240,013.	0.	<53,226.>
CAPITAL LOSS PASSTHROUGH	0.	10.	0.	<10.>
TO FORM 990-EZ, LINE 5	186,787.	240,023.	0.	<53,236.>

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
UNREALIZED GAINS ON INVESTMENTS	232,395.
TOTAL TO FORM 990-EZ, LINE 20	232,395.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 6

DESCRIPTION	AMOUNT
DEPRECIATION	4,817.
OTHER EXPENSES	11,982.
TOTAL TO FORM 990-EZ, LINE 14	16,799.

FORM 990-EZ	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 7A	STATEMENT 7

INCOME

1. GROSS RECEIPTS	24,238	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		24,238
4. COST OF GOODS SOLD (LINE 13)	10,366	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		13,872

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	22,847	
7. MERCHANDISE PURCHASED	1,961	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES	3,876	
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		28,684
12. INVENTORY AT END OF YEAR	18,318	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		10,366

FORM 990-EZ — INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS — STATEMENT 8

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
FAYE WEEMS	EXECUTIVE DIRECTOR 40.00	36,000.	3,104.	0.
CARTER B. S. FURR	GOVERNOR 0.00	0.	0.	0.
JOSEPH H. BARLOW	LT. GOVERNOR 0.00	0.	0.	0.
MICHAEL D. FROST	SECRETARY OF STATE 0.00	0.	0.	0.
JERRY W. ZILLION	AUDITOR GENERAL 0.00	0.	0.	0.
SUSAN G. RAGER	ATTORNEY GENERAL 0.00	0.	0.	0.
ANN B. DARST	HISTORIAN 0.00	0.	0.	0.
LYNDON H. HART III	REGISTRAR 0.00	0.	0.	0.
REV. JAMES W. BROWDER III	CHAPLAIN 0.00	0.	0.	0.
HARRISON R. TYLER	TREASURER 0.00	0.	0.	0.
CHARLES C. LUCAS, JR.	COUNCILLOR 0.00	0.	0.	0.
APRIL W. MILLER	COUNCILLOR 0.00	0.	0.	0.
JOSEPH N. PAYNE	COUNCILLOR 0.00	0.	0.	0.
GARY M WILLIAMS	COUNCILLOR 0.00	0.	0.	0.

WALTER R. BEAM, JR.	COUNCILLOR 0.00	0.	0.	0.
CAROLYN K. FARMER	COUNCILLOR 0.00	0.	0.	0.
DAVID K. WOODROOF	COUNCILLOR 0.00	0.	0.	0.
BARBERA K. BENEDICT	COUNCILLOR 0.00	0.	0.	0.
AURELIA LACY	COUNCILLOR 0.00	0.	0.	0.
KENNETH C. BASS III	COUNCILLOR 0.00	0.	0.	0.
ANN F. DUTHIE	COUNCILLOR 0.00	0.	0.	0.
W. HARRISON SCHROEDER	COUNCILLOR 0.00	0.	0.	0.
AUBREY R. BOWLES, III	COUNCILLOR 0.00	0.	0.	0.
ANNE T. NETICK	COUNCILLOR 0.00	0.	0.	0.
AMBROSE R. WOODRUFF	COUNCILLOR 0.00	0.	0.	0.
JAMES M. BAGBY	COUNCILLOR 0.00	0.	0.	0.
EDWARD B. WRIGHT, JR.	COUNCILLOR 0.00	0.	0.	0.
WELLFORD G. GOODE	COUNCILLOR 0.00	0.	0.	0.
HENRY C. MACKALL	COUNCILLOR 0.00	0.	0.	0.
ROBERT N. HENDRY	COUNCILLOR 0.00	0.	0.	0.
DEETTE DUPREE NESBITT	COUNCILLOR 0.00	0.	0.	0.

CHARLES D. MCGUIRE	COUNCILLOR 0.00	0.	0.	0.
JAMES J. OWEN	COUNCILLOR 0.00	0.	0.	0.
JERE M. H. WILLIS, JR.	COUNCILLOR 0.00	0.	0.	0.
JOANNE SAUNDERS BERKLEY	COUNCILLOR 0.00	0.	0.	0.
JOHN SHELTON	COUNCILLOR 0.00	0.	0.	0.
MARY M. ROSS	COUNCILLOR 0.00	0.	0.	0.
JOANNE CLARKE FOX	COUNCILLOR 0.00	0.	0.	0.
JOYCE MCGEHEE BOCKEMUEHL	COUNCILLOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		36,000.	3,104.	0.

Scott & Stringfellow
A BB&T Corporation Affiliate

Schedule of Realized Gains and Losses

2009 Tax Year

Friday, April 23, 2010
RROD MILLER/HORN

RECEIVED
APR 2 6 2010

Prepared For:
6759-3177
JAMESTOWNE SOCIETY
ATTN CARTER B S FURR
PO BOX 6845
RICHMOND VA 23230-0845

Quantity	Name	Security	Open Date	Cost Amount	Adjusted Cost Amount	Trade Price	Close Date	Close Amt	Close Price	Realized	% Gain or Loss
Short											
800	BLACKROCK RL ASSET EQTY	BCF	03/18/2009	5,302 80	4,867 92	6 6285	10/15/2009	9,722 23	12.1530	4,854 31	91.54
25 2280	COHEN&STEERS TOTL RETURN	RFI	11/11/2008	237.40	234.29	9.4100	10/22/2009	229 06	9 0800	-5 23	-2 20
32.5530	COHEN&STEERS TOTL RETURN	RFI	12/04/2008	240 24	236.23	7 3800	10/22/2009	295.57	9 0800	59 34	24.70
30 8290	COHEN&STEERS TOTL RETURN	RFI	01/12/2009	243 90	240 04	7 9115	10/22/2009	279 92	9 0800	39.88	16.35
56 7390	COHEN&STEERS TOTL RETURN	RFI	04/08/2009	329.83	325.36	5 8131	10/22/2009	515.17	9 0800	189 81	57 55
38 3290	COHEN&STEERS TOTL RETURN	RFI	07/08/2009	281 95	280.38	7 3560	10/22/2009	348 01	9.0800	67 63	23 99
31 9780	COHEN&STEERS TOTL RETURN	RFI	10/07/2009	286 74		8 9669	10/22/2009	290 44	9 0800	3 70	1 29
500	ISHS BRCLYS 1-3 CR BD FD	CSJ	03/13/2009	48,700 00		97 4000	10/15/2009	51,953 66	103.9100	3,253 66	6 68
				55,622.86	**6,184 22**			**63,634.06**		**8,463.10**	
Long											
400	BLACKROCK RL ASSET EQTY	BCF	10/22/2007	6,556 00	6,229 84	16 3900	10/15/2009	4,861.10	12.1530	-1,368 74	-20 88
200	BLACKROCK RL ASSET EQTY	BCF	10/22/2007	3,280 00	3,116.92	16 4000	10/15/2009	2,430 55	12 1530	-686 37	-20 93
200	BLACKROCK RL ASSET EQTY	BCF	10/22/2007	3,276 00	3,112 92	16 3800	10/15/2009	2,430 55	12.1530	-682 37	-20 83
100	BLACKROCK RL ASSET EQTY	BCF	10/22/2007	1,642 00	1,560 46	16 4200	10/15/2009	1,215 27	12.1530	-345 19	-21 02
900	BLACKROCK RL ASSET EQTY	BCF	05/08/2008	16,488 00	15,754.14	18 3200	10/15/2009	10,937 48	12 1530	-4,816.66	-29 21
2,000	CLAYMORE EXCH ZACKS YLD	CVY	10/01/2007	52,620 00	52,026 74	26 3100	10/22/2009	34,923 10	17.4620	-17,103 64	-32 50
1,529	COHEN&STEERS TOTL RETURN	RFI	11/20/2007	22,430 43	22,241 19	14 6700	10/22/2009	13,882 95	9 0800	-8,358 24	-37 26
352 7680	COHEN&STEERS TOTL RETURN	RFI	01/16/2008	4,590 00	4,546 35	13 0114	10/22/2009	3,203.04	9 0800	-1,343 31	-29 27
29 3970	COHEN&STEERS TOTL RETURN	RFI	01/16/2008	382 50	378 88	13 0114	10/22/2009	266 91	9 0800	-111 97	-29 27
28 5780	COHEN&STEERS TOTL RETURN	RFI	02/07/2008	425 49	421 97	14 8889	10/22/2009	259.48	9.0800	-162 49	-38 19
30 4720	COHEN&STEERS TOTL RETURN	RFI	03/14/2008	428 71	424 96	14 0691	10/22/2009	276 67	9 0800	-148 29	-34 59
29 8230	COHEN&STEERS TOTL RETURN	RFI	04/10/2008	432 14	428.46	14 4900	10/22/2009	270.78	9.0800	-157 68	-36 49
28 1320	COHEN&STEERS TOTL RETURN	RFI	05/09/2008	435 49	432 03	15 4800	10/22/2009	255 43	9.0800	-176 60	-40 55
14.7490	COHEN&STEERS TOTL RETURN	RFI	06/11/2008	228 17	226 35	15 4700	10/22/2009	133.91	9.0800	-92 44	-40 51
17 0240	COHEN&STEERS TOTL RETURN	RFI	07/11/2008	229 83	227 74	13 5000	10/22/2009	154 57	9 0800	-73 17	-31 84
15 8940	COHEN&STEERS TOTL RETURN	RFI	08/06/2008	231 74	229 79	14.5800	10/22/2009	144.31	9.0800	-85 48	-36 89
16 2630	COHEN&STEERS TOTL RETURN	RFI	09/12/2008	233 53	231 54	14 3600	10/22/2009	147 66	9.0800	-83 88	-35 92
18 1460	COHEN&STEERS TOTL RETURN	RFI	10/07/2008	235 36	233.12	12 9700	10/22/2009	164 76	9.0800	-68 36	-29 04
300	EVERGREEN INTL BALANCED	EBI	10/22/2007	6,330 00	6,330 00	21 1000	10/22/2009	4,373 88	14 5800	-1,956 12	-30 90

Scott & Stringfellow
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Schedule of Realized Gains and Losses

2009 Tax Year

Friday, Apnl 23, 2010
RROD MILLER/HORN

Prepared For:
6759-3177
JAMESTOWNE SOCIETY
ATTN CARTER B S FURR

Quantity	Name	Security	Open Date	Cost Amount	Adjusted Cost Amount	Trade Price	Close Date	Close Amt	Close Price	Realized	% Gain or Loss
Long - *Continued*											
400	EVERGREEN INTL BALANCED	EBI	10/22/2007	8,444 00	8,444 00	21 1100	10/22/2009	5,831.85	14.5800	-2,612 15	-30.93
1,500	POWERSHARES EXCH BANKING	PJB	01/25/2008	28,905 00		19 2700	10/22/2009	18,494.52	12 3300	-10,410 48	-36.02
300	POWERSHARES EXCH BANKING	PJB	05/08/2008	5,868 00		19 5600	10/22/2009	3,698.90	12 3300	-2,169 10	-36 96
1,200	POWERSHARES EXCH BANKING	PJB	05/08/2008	23,471 88		19 5599	10/22/2009	14,795.62	12 3300	-8,676 26	-36 96
				187,164.27	126,597 40			123,153.29		-61,688.99	
Misc											
25,000	BEAL BANK 0 75 091609	073704-AR-9	03/16/2009	25,000 00		100 0000	09/16/2009	25,000 00			
				25,000.00	0.00			25,000 00			
Report Summary				267,787.13	132,781.62			211,787.35		-53,225 89	

Realized Gains or Losses

Short Term	8,463.10
Long Term	-61,688 99

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
	JAMESTOWNE SOCIETY	54-0964184
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 6845	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RICHMOND, VA 23227-4307	

Check type of return to be filed (file a separate application for each return):

[ ] Form 990 | [ ] Form 990-T (corporation) | [ ] Form 4720
[ ] Form 990-BL | [ ] Form 990-T (sec. 401(a) or 408(a) trust) | [ ] Form 5227
[X] Form 990-EZ | [ ] Form 990-T (trust other than above) | [ ] Form 6069
[ ] Form 990-PF | [ ] Form 1041-A | [ ] Form 8870

- The books are in the care of ▶ THE ORGANIZATION
P.O. BOX 6845 - RICHMOND, VA 23227-4307
Telephone No. ▶ 804-353-1226 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ [X] calendar year 2009 or
▶ [ ] tax year beginning ______________ , and ending ______________

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization JAMESTOWNE SOCIETY	Employer identification number 54-0964184
	Number, street, and room or suite no If a P.O. box, see instructions P.O. BOX 6845	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions RICHMOND, VA 23227-4307	

Check type of return to be filed (File a separate application for each return).

[ ] Form 990 [X] Form 990-EZ [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- The books are in the care of ▶ THE ORGANIZATION P.O. BOX 6845 - RICHMOND, VA 23227-4307
  Telephone No ▶ 804-353-1226 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.

5 For calendar year 2009, or other tax year beginning __________, and ending __________

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
AWAITING 2009 K-1 FOR LIMITED PARTNERSHIP INVESTMENT.

8a	If this application is for Form 990-BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c	**Balance Due** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form

Signature ▶ Martin R Attwood Title ▶ CPA Date ▶ 8-10-10

923832
05-26-09