

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



23 Land and buildings

Total liabilities (describe ►

Total assets

25

26

24 Other assets (describe ► See Statement 4

Form 990-EZ

#### **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

2009

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For the 2009 calendar year, or tax year beginning . 2009, and ending D Employer Identification number Check if applicable X Address channe ORDER OF FIRST FAMILIES OF VIRGINIA 61-6054072 use IRS label or Name change 1607-1624/25 Telephone number print or Initial return 430 CHANNING CIRCLE 704-784-3599 See Specific Instruc-Termination CONCORD, NC 28027 Amended return Group Exemption Number Application pendin Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accounting method: |X| Cash Accrual Other (specify) ► X Check ► If the organization is not required to attach Schedule B (Form 990, Website: ► N/A 990-EZ, or 990-PF). Tax-exempt status (check only one) — |X| 501(c) (3) ◀ (insert no) 527 4947(a)(1) or Check ► X 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 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 20,787. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 400. Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 1,990. Membership dues and assessments 3 12,747. 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5a e 🐒 **b** Less: cost or other basis and sales expenses 5Ы c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) 5c 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 6a 5,650 reported on line 1) 11,654 **b** Less: direct expenses other than fundraising expenses 6Ы 6c -6,004. c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances. 7a 7b b Less: cost of goods sold 7с c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe > 8 RECEIVED 9 9,133. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 3,000. 10 Grants and similar amounts paid (attach schedule) See Statemen 10 11 11 Benefits paid to or for members န္တ MAY 18 12 12 Salaries, other compensation, and employee benefits. 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance OGDEN: UT 15 1,129. 15 Printing, publications, postage, and shipping 978. 16 Other expenses (describe ► See Statement 2 16 17 Total expenses. Add lines 10 through 16 17 5,107. 4,026. 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 figure reported on prior year's return) 19 307,674. 20 Other changes in net assets or fund balances (attach explanation) See Statement 3 20 -84,201. 227,499. 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 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 (A) Beginning of year (B) End of year (See the instructions for Part II.) 22 Cash, savings, and investments 216, 183. **22** 222,309.

Net assets or fund balances (line 27 of column (B) must agree with line 21) BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

5,190.

0.

227,499.

227,499.

23

24

0.26

91,491

307,674. **25** 

307,674. 27

Form	990-EZ (2009) ORDER OF FIRST	-605	54072 Page	2				
Part III Statement of Program Service Accomplishments (See the instructions.)							_	
What is the organization's primary exempt purpose? See Statement 5 (Require 501(c)(3)								
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, or other relevant information for each organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each 4947(a)(								
desc	ribe the services provided, the number of ram title	persons benefited, or other	relevant information for	each	4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional thers.)		
	28 Grant to The College of William and Mary Scholarship Program							
20	Grant to the correde of the	111111111111111111111111111111111111111						
	2 000 ) (				28 a	2 107		
	(Grants \$ 3,000.) If the	is amount includes foreign gr	rants, check here		20 a	2,107	÷	
29								
	(Grants \$ ) If th	is amount includes foreign gr	rants, check here.	<b>P</b>	29 a		—	
30			<b></b>					
				<del>-</del>				
			<del></del> -					
		is amount includes foreign gr	rants, check here	<b>P</b>	30 a		_	
31	Other program services (attach schedule	•						
		is amount includes foreign gr	rants, check here		31 a	2,107	_	
	Total program service expenses (add in		-1		32		_	
Par	t IV List of Officers, Directors		· · · · · · · · · · · · · · · · · · ·					
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan		(e) Expense account and other allowance	it IS	
	(a) Name and address	to position	not para, enter 6 17	deferred compensa				
Pet	er Humphry Bryan	President	0.		0.	0	١.	
608	New Hampshire Avenue	0						
	folk, VA 23510							
	liam Bruce Wingo	Vice President	0.		0.	0	١.	
	1 East Broad Street	0						
	chmond, VA 23219							
	nita Sue Pierce Augustus	Cor. Secretary	0.		0.	0	<u> </u>	
	4 Pebble Beach	n cor. becretary	<b>.</b>		٠.	ľ	•	
	iston, TX 77069	l						
	s. Ernest Van Nesbitt	Rec. Secretary	0.		0.		<u> </u>	
		Rec. Secretary	0.		υ.	١	•	
	111 Old Stone Trail	}						
	iston, TX 77079	W			0.		<del>_</del>	
	don Jacobs	Treasurer			υ.		•	
	Channing Circle	0						
Cor	icord, NC 28021						—	
						<u></u>		
				1				
							_	
				1				
							_	
							_	
		1		1				
BAA		TEEA0812L 0	01/30/10			Form <b>990-EZ</b> (200	)9)	

TEEA0812L 01/30/10

BAA

Form **990-EZ** (2009)

Form 990-EZ (2009)	ORDER	OF	FTRCT	FAMILIES	0F	VIRCINIA
01111 330°LL (2003)	OIGHI	O.	LINDI	LULLLIA	OL	ATIOTITU

61-6054072

Page 4

Part VI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	<b>s and section 4947</b> ction 4947(a)(1) no s for lines 50 and 5	(a)(1) nonexem nexempt charita 1.	pt charitable trusts onlible trusts must answer	y. All sed question	ction	age 4
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							No
And Annual Control of the Control of							X
	• • • • • •	· ·	•		47		X
	e organization a school as described in se		· ·		48		<u>X</u>
	the organization make any transfers to an	•	related organization	1′	. 49a		Х
אי זו ס	es,' was the related organization a section	1 52/ organization/			49Ы		
50 Com emp	plete this table for the organization's five loyees) who each received more than \$10	00,000 of compensation	from the organizati	on. If there is none, enter 'N	s and key one.'		
(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 and deferred compensation							i 
None_							-
f Tota	I number of other employees paid over \$1	100,000 . ►		_			
51 Com	plete this table for the organization's five pensation from the organization. If there i	highest compensated in s none, enter 'None.'	ndependent contrac	tors who each received more	than \$100	0,000	of
Mana	(a) Name and address of each independent conti	ractor paid more than \$100,000		(b) Type of service	(c) Comp	ensation	1
None_							
					·		
<b>d</b> Tota	I number of other independent contractors	s each receiving over \$1	00,000	-			
Sign	Under penalties of perjury, I declare that I have examine, correct, and complete Declaration of preparer (	(other than officer) is based on a	mpanying schedules and sall information of which pro	statements, and to the best of my know eparer has any knowledge		ilief, it is	<u></u> s
Here	Signature of officer			Date			
,,,,,,	Gordon Jacobs			Treasurer			
	Type or print name and title			110000101			
Paid	Preparer's signature IRENE JACOBS, C.	PA frome lace	else 5/P/	Check if Self- employed   X N/	parer's identify e instructions) A	ing Nur	nber
Pre- parer's	Firm's name (or IRENE R. JACOBS						
Use	yours if self- employed). > 561 HICKORY HIL.	· · · · · · · · · · · · · · · · · · ·		EIN N	I/A		
Only	address and	24060		Phone no ► (540		7699	
May the IF	RS discuss this return with the preparer sh		ctions.	<del></del>	►X Yes	7-4	No
BAA				·	Form <b>990</b>	-EZ (	2009)

#### **SCHEDULE A** (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Name of	ame of the organization ORDER OF FIRST FAMILIES OF VIRGINIA  Employer identification number													
	1607-1624/25 61-6054072													
-	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions													
The or	_		vate foundation becar	· ·		_		_						
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 coope	erative hospital service	e organization descr	ıbed	ın secti	on 1 <b>70</b> (l	χ1)(Α)	iii).					
4	A medical	research	organization operate	ed in conjunction with	hah	ospital o	describe	d ın <b>sec</b>	tion 17	0(b)(1)(A	<b>Xiii)</b> . En	iter the hos	spital's	;
	name, city													
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section</b> 170(b)(1)(A)(iv). (Complete Part II)													
6			local government or							. ,				
7			at normally receives a <b>XA)(vi).</b> (Complete F		ts su	ipport fr	om a go	vernme	ntai uni	t or from	i the ger	neral public	aesc	ribea
8	I		described in section	•	mole	te Part I	1)							
9	==	•	normally receives (1)		•		•	tributions	. memb	ership fe	es, and o	ross receip	ts	
	from activit investmen	ties relatei it income	d to its exempt function and unrelated businessection 509(a)(2).	ns – subject to certain ess taxable income (	exce	eptions, a	and (2) r	io more t	han 33-	1/3 % of	its suppo	ort from aro	SS	ıfter
10	An organiz	zation orç	ganized and operated	exclusively to test for	or pu	ublic safe	ety See	section	509(a)	(4).				
11	more publ	licly supp	ganized and operated orted organizations ( of supporting organi	described in section !	509(a	a)(1) or	section	509(a)(2	ctions o 2) See	of, or car <b>section</b>	rry out th <b>509(a)(3</b>	ne purpose <b>).</b> Check t	s of o	ne or that
	a Type		<b>b</b> ∏Type II			l — Fund	-		ed		d $\square$	Type III-	Other	•
е	By checking	na this bo	ox, I certify that the o	rganization is not co an one or more publi	ntroll	led direc upportec	tly or in	directly zations	by one describe	or more ed in sec	disquali ction 509	fied perso (a)(1) or s	ns oth ection	ier
f			received a written de	termination from the	IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting o	organizatio	n,	
g	Since Aug	just 17, 2	006, has the organiza	ation accepted any g	ıft o	r contrib	ution fro	om any	of the fo	ollowing	persons	?		
													Yes	No
	(i) a pe	rson wno w. the ao	directly or indirectly everning body of the s	controls, either along supported organization	e or i	togetner	with pe	rsons a	escribe	מ (וו) חו ב	ana (III)	11 g (i)		1
		_	ber of a person des									11 g (ii)		
		-	lled entity of a persoi		(n) al	bove?						11 g (iii)		
h	• •		ng information about	**								· · · · · ·		
	(i) Name of Sup Organization	ported	(ii) EIN	(lii) Type of organization (described on lines 1-9 above or IRC section (see instructions))		(lii) Type of organization (described on lines 1-9 above or IRC section (i) listed		(v) Did y the organ col i your su	ization in (i) of	(vi) I organizati (i) organiz U S	s the ion in col zed in the 3.7	(vii) Amour	nt of Sup	port
						Yes	No	Yes	No	Yes	No			
						:								
											į			
											1			
		-												
	· · · · · · · · · · · · · · · · · · ·					<u> </u>								
						ļ	ļ							
			-						'					
Total BAA	For Privacy Act a	and Paperw	ork Reduction Act Notice	, see the Instructions for	Form	1 990 or 99	0-EZ.		L	Schedule	A (Forr	n 990 or 9	90-EZ	2009

Schedule A (Form 990 or 990-EZ) 2009 ORDER OF FIRST FAMILIES OF VIRGINIA 61-6054072

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you check	ed the box on line	5, 7, or 8 of Part	1.)		<del></del>	<del></del>		
	tion A. Public Support	т	· · · · · · · · · · · · · · · · · · ·	····	<del></del> -	т			
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions and membership fees received. (Do not include unusual grants.)	600.	6,120.	8,495.	4,275.	2,390.	21,880.		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.		
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.		
4	Total. Add lines 1-through 3	600.	6,120.	8,495.	4,275.	2,390.	21,880.		
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)						0.		
	Public support. Subtract line 5 from line 4.		1.		•		21,880.		
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4	600.	6,120.	8,495.	4,275.	2,390.	21,880.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	4,145.	34,401.	32,595.	25,405.	10,823.	107,369.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on .						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.		
11	Total support. Add lines 7 through 10	2 3 3 A	*,	* · · · · · · · · · · · · · · · · · · ·	^ &-	y.	129,249.		
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			. 12	0.		
13	First five years. If the Form 990 organization, check this box and		tion's first, second	d, third, fourth, c	or fifth tax year as	s a section 501(c)(3	3) ▶ □		
	tion C. Computation of Pul								
	Public support percentage for 20 Public support percentage from 2			e 11, column (f)		14	16.9 % 15.6 %		
16 a	16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
t	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.								
17 a	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>b 10%-facts-and-circumstances test</b> — <b>2008.</b> 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 <b>stop here.</b> 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 organi	zation did not ched	ck a box on line, 1	13, 16a, 16b, 17a	•	ns box and see ins			

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I )

Sec	tion A. Public Support							
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')							
	Gross receipts from							
	admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt							
3	purpose Gross receipts from activities that are not an unrelated trade or business							
	under section 513 .							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	:						
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
c	: Add lines 7a and 7b							
8	Public support (Subtract line			-		•		
	7c from line 6)				~ ,	, -1		
Sec	tion B. Total Support							
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total	
9	Amounts from line 6.							
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	: Add lines 10a and 10b Net income from unrelated business				<u> </u>		<del> </del>	
• 1	activities not included inline 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.)							
	Total support. (add ins 9, 10c, 11, and 12.)							
	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							
	tion C. Computation of Pul			12 (O)	<u> </u>	15		
	15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))						<u>%</u> %	
	Public support percentage from a			e		16	76	
	Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))  18 %							
18								
	33-1/3 support tests – 2009. If the comore than 33-1/3%, check this b	organization did not	check the box on	line 14, and line 15	is more than 33-1/3 ublicly supported o	. 18 / %, and line 17 is not organization	<b>►</b> □	
b	33-1/3 support tests - 2008. If the state of	ne organization d	id not check a bo	x on line 14 or 19	a, and line 16 is r	nore than 33-1/3%,	and line 18	
			•			see instructions	▶ □	

Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Part II Line	e 17a - 10% Facts and Circumstances Test - 2009
Scholarsh	ip recipients are selected by the College of William and Mary. A stipend of \$3,000 was paid to the college in
2009. \$10	0,000 has been designated for our scholarship program.
Part II Line	e 17b - 10% Facts and Circumstances Test - 2008
Scholarsh	ip recipients are selected by the College of William and Mary. A stipend of \$6,000 was paid to the college in
2008.	
	······································
	<del></del>
	•••••••••••••••••••••••••••••••••••••••

20	1	0
ZU	IU.	3

#### **Federal Statements** ORDER OF FIRST FAMILIES OF VIRGINIA 1607-1624/25

Page 1

61-6054072

Statement 1 Form 990-EZ, Part I, Line 10 **Grants and Similar Amounts Paid** 

Class of Activity:

Donee's Name: Donee's Address: Education

College of William and Mary

P.O. Box 8795

Williamsburg, VA 23187

None

Relationship of Donee: Cash Amount Given:

3,000.

Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses

BUSINESS REGISTRATIION FEES MISC REINVESTMENT PENDING ASSESSMEN RESEARCH APPLICATION FEE

25. 85. 743.

125<u>.</u> 978. Total ₹

Statement 3 Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fund Balances

Unrecovered Book Costs

-84,201. -84,201. Total \$

Statement 4 Form 990-EZ, Part II, Line 24 Other Assets

Inventories Prepaid Expenses a Unrecovered Book (	and Deferred Charges Costs
---	-------------------------------

	Be	<u>eginning</u>	Ending_		
	\$	5,190.	\$	5,190.	
		2,100.		0.	
		84,201.		0.	
Total	\$	91,491.	\$	5,190.	

Statement 5 Form 990-EZ, Part III **Organization's Primary Exempt Purpose** 

Genealogical group focusing on the history of the early settlement of Virginia and of the earliest settlers. Sponsors research on this subject and has published the results. The Order of First Families of Virginia sponsors scholarships for eligible graduate students studying history at a selected state supported and operated college or university in Virginia.

2009

## Federal Statements ORDER OF FIRST FAMILIES OF VIRGINIA 1607-1624/25

Page 2

61-6054072

No

No

Statement 6
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

2009

# Federal Supporting Detail ORDER OF FIRST FAMILIES OF VIRGINIA 1607-1624/25

Page 1

61-6054072

Stmt. of Functional Expenses (990) Grants & other assistance to gov. & orgs. in U.S. [O]

College of William and Mary

Total \$ 3,000.
\$ 3,000.