Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)



Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

	_		nue service Go to www.ins.gov/rormsso for instructions and the latest			inspection		
	<u>A</u>		e 2018 calendar year, or tax year beginning , 2018, and endi	ng •		, 20		
- 1	В		f applicable C Name of organization Jamestowne Society		D Employer identification number			
\sim 1	\sqcup	Address	s change Doing business as		54-0964184			
1/1	\sqcup	Name c	hange Number and street (or P O box if mail is not delivered to street address) Room/s	uite	E Telephone number			
111	Ш	Initial re				804-353-1226		
117		Final retu	urn/terminated City or town, state or province, country, and ZIP or foreign postal code					
1		Amende	ed return Richmond, VA 23230-0845		G Gross re	ceipts \$ 65,203		
		Applica	tion pending F Name and address of principal officer John Shelton, M.D.	H(a) is this a gr	oup return for s	subordinates? Yes No		
			3041 Dover Dr. Roanoke, VA 24018			included? Yes No		
	1	Tax-exe	empt status	If "No	o," attach a	list (see instructions)		
	J	Website	· · · · · · · · · · · · · · · · · · ·	H(c) Group	exemption	number ▶ 6112		
	ĸ	Form of	organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of forms	ation 1937	M State	of legal domicile VA		
		art I	Summary					
		1	Briefly describe the organization's mission or most significant activities. The Ja	amestowne So	ciety was	organized for		
	ě		educational, historical and patriotic purposes.					
ich.	Governance	ł						
8	ь	2	Check this box ▶☐ if the organization discontinued its operations or disposed	of more than	25% of I	ts net assets		
~	Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	25		
ري		4	Number of independent voting members of the governing body (Part VI, line 1b)		4	25		
_	es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	,	5			
7 NOV 15	Activities &	6	Total number of volunteers (estimate if necessary)		6	200		
=	ਹੁ	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	300		
7	•	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0		
7		- 5	Net unrelated business taxable income from Form 990-1, line 50	Prior Ye		Current Year		
4		8	Contributions and grants (Part VIII, line 1h)	+				
4-1	e ne	9	- · · · · · · · · · · · · · · · · · · ·	205,549	273,757			
-	Revenue	1	Program service revenue (Part VIII, line 2g)		9,537	11,736		
~		10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,127	(265,898)		
W		11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,092	23,162		
~		12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		234,305	42,757		
0 4		13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		-			
O		14	Benefits paid to or for members (Part IX, column (A), line 4)					
	ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		47,062	59,509		
	Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)					
	Ϋ́	_ b	Total fundraising expenses (Part IX, column (D), line 25) ► 13,535					
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		100,487	177,574		
_		18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	 	147,549	237,083		
\mathcal{L}		19	Revenue less expenses. Subtract line 18 from line RECEIVED IN CORRES		(302)	(194,326)		
2	et Assets or nd Balances		IRS - OSC - 08	Beginning of Cur	rent Year	End of Year		
\subseteq	sets	20	Total assets (Part X, line 16)	2	,327,290	1,888,904		
9	at A	21	Total liabilities (Part X, line 26)		95,075	113,209		
0	Fur		Net assets or fund balances. Subtract line 21 from line 20	2	,232,215	1,775,695		
	Pa	art II	Signature Block OGDEN, UTAH					
	Und	der pena	ilties of perjury, I declare that I have examined this return, including accompanying schedules and state	ments, and to th	e best of m	y knowledge and belief, it is		
တ	true	e, correc	t, and complete Declaration of preparer (other than officer) is based on all information of which prepare	r has any knowle	edge			
2019			B to Hill					
	Sig		Signature of officer	Dat		1,0		
-	He	re	1 Sunnie Harmeyer, Exercitive Director		10/8	3/19		
			Type or print name and title					
DEC	Pai	id	Print/Type preparer's name Preparer's signature D	ate	Check [7 if PTIN		
$\overline{\Box}$			_		self-empl			
Ω		epare		Firm	's EIN ▶			
Ш	US	e Onl	Firm's address ►		ne no.			
SCANNED	May	the IF	RS discuss this return with the preparer shown above? (see instructions)			Yes No		
A				No 11282Y		Form 990 (2018)		
ي	. ••	p	Cat P	10 112021		1 5/111 000 (2010)		
(I)						_		

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Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Jamestowne Society was organized for educational, historical and patriotic purposes, and to that end to discover and record
	the names of all living descendants of the early settlers and to pay homage to the birthplace of Virginia and the nation.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
٠	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 87,624 including grants of \$) (Revenue \$)
	The Jamestowne Society supported the Jamestown Rediscovery Project. Our gift continued to support the archaeological digs inside the Memorial Church at Jamestown Island. The balance of the two golf carts were paid, and decals for the carts were
	provided. The golf carts were provided so people with mobility issues are able to visit the island. The fund also supported the
	printing of a historical book covering the archaeological dig inside the Memorial Church, and the DNA analysis of the remains in
	the Knight's tomb.
4b	(Code.) (Expenses \$ 7,104 including grants of \$) (Revenue \$)
	The Jamestowne Society's Elizabeth B. Wingo Restoration of Records Fund conserves and restores early colonial records. The
	current project was the Nottoway County Marriage Bonds from 1856 to 1872. Kofile Conservation, who specializes in document
	preservation conducted the work.
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
	······
 .	
4d	Other program services (Describe in Schedule O)
40	(Expenses \$ including grants of \$) (Revenue \$)



Part	IV Checklist of Required Schedules			Page
	Onecklist of Nequired Scriedules		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	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		√
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		✓
D	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		\
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Same and the same	20a		√
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		1
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
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		1
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), 501(c)(4), and 501(c)(29) 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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		1
С	Schedule L, Part IV	28b 28c		▼
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		'
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		→
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38 Part	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. V Statements Regarding Other IRS Filings and Tax Compliance	38	✓	
ταιι	Check if Schedule O contains a response or note to any line in this Part V			
	Cited in College of College of the C	Ť	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7 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 to vendors and reportable gaming (gambling) winnings to prize winners?	1c	√ _	
		Forn	n 990	(2018)

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Parţ	Statements Regarding Other IRS Fillings and Tax Compliance (continued)			
	Fator the avertor of avertors appointed as Farm W. S. Transmitted of Wass and Tay		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b	<u> </u>	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	• -	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> .	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country ▶	, , 'n		,
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	oa		V
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		,	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			, ,
	and services provided to the payor?	7a		√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u></u>	4	<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		✓
f g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		·
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:		•	
a b	Initiation fees and capital contributions included on Part VIII, line 12	انت	د م	
11	Section 501(c)(12) organizations. Enter.	. [:	· ' '
	Gross income from members or shareholders	[- , , <u> </u>		. '
b	Gross income from other sources (Do not net amounts due or paid to other sources	-		٠.
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	*		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		امر
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Enter the amount of reserves the organization is required to maintain by the states in which	, ,,		
b	the organization is licensed to issue qualified health plans	#4t	~ ~	, ,
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	J		
	excess parachute payment(s) during the year?	15		✓
	If "Yes," see instructions and file Form 4720, Schedule N.			لب
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		√
	If "Yes," complete Form 4720, Schedule O			1 14

Parţ	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	structi	ions.
Secti	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25	1. ∣		25.2
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	retuit	Ì,	
	committee, explain in Schedule O.			1 1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 25		. 1] [
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	† !		.]
	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			,
4	supervision of officers, directors, or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		/
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6	1	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			\vdash
	one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
	the year by the following	<u> </u>	<u> </u>	<u> </u>
a	The governing body?	8a	√	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	✓	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	✓	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	/~; [*]	• , ,	لند
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	100		,
13	describe in Schedule O how this was done	12c		V
14	Did the organization have a written document retention and destruction policy?	14	-	-
15	Did the process for determining compensation of the following persons include a review and approval by		_	<u> </u>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	~ 7 2		
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	•		·
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	13.	✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		[ي	1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			اتث
	organization's exempt status with respect to such arrangements?	16b	i	
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	นบก 5	10 T(C)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest p	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	>	
	Bonnie Hofmeyer, Executive Director 3410 Hermitage Rd. Richmond, VA 23227 (804) 353-1226			

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Form 990 (2018)

Form 990 /20	101

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

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

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

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

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any currer	it officer, director	, or trustee.
(A)	(B)			Pos	C) ition			(D)	(E)	(F)
Name and Title	Average hours per week (list any	box office	unles	s pe d a d	rson	than o is both or/trust	an ee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Bonnie Hofmeyer	40									
Executive Director					✓			44,352	0	0
(2) Dr. Roy Abbott Martin, Jr.	5									
Governor	ļ	✓		\checkmark				0	0	0
(3) Thomas Bouldin Leitch	4									
Lieutenant Governor	<u> </u>	✓		✓		<u> </u>		0	0	0
(4) Richard Holmes Knight, Jr. Secretary of State	2	1		1				0	0	0
/E) + 1 C) 1: 14 D	4	<u> </u>		Ť	-			U		
Secretary of the Treasury	······································	✓		✓				o	о	0
(6) W. Harrison Schroeder, Esquire	3	-		✓						
Attorney-General	5	<u> </u>	Н					0	0	0
(7) Carolyn Kendrick Farmer	5	✓		/						•
Auditor-General (8) Jane Cralle Congdon	4	<u> </u>	-	_				0	0	0
Registrar	· 	1		1				0	o	0
(0)	5	`		Ť						
(9) James H. McCall Historian	· 	1		1				0	ام	0
(10) Rev. James Wilbur Browder, III	2			•						<u> </u>
Chaplain		✓		\				o	o	0
(11) Lyndon Hobbs Hart, III	30		_							
Genealogist					✓			40,000	o	0
(12) Harrison Ruffin Tyler	1									
Treasurer Emeritus	<u> </u>	✓		✓				0	0	0
(13) Donald W. Moore	1									
Councilor		✓						0	0	0
(14) Susan McCrobie	1									
Councilor		✓						0	0	0

3

rail	Section A. Officers, Directors, Trus	lees, Ney E	mpio	<u>yees</u>	5, ai	nu r	iigne	St	ompensated	inployees (COI	tinuea)	
•	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	erson	e than o	n an	(D) Reportable compensation	(E) Reportable compensation fro		of
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC	other compense from th organizati and relat organizati	ation ie tion ted
(15) Counc	Jane Alicia Alexnder, Ph.D. iilor	11	1						0		0	
	James Bartlett Crowther	11	1									
(17)	/irginia Moorman Gotlieb	1		\vdash					0		0	
Counc			1						0		0	C
	John Bond Gillam, III	11										
(19)	illor Vancy Redman Hill	1	-	\vdash		_			0		0	
Counc		:	1						0		0	(
(20)	Jerry McLean Crumly	1										
Counc			✓						0		0	
Counc	John Moseley Southall Bowles	1	/						0	•	0	c
	rances Harrington Davis	1									<u> </u>	
Counc	ilor		✓						0		0	C
	George Lee Parson, Esquire	1								•		
Counc	ılor Lowry Rush Watkins, Jr.	1	√	\vdash					0		0	
Counc		<u>-</u>	/						0		o	C
	Jerry William Zillon	2										
	overnor							✓	3,957		o	C
1b	Sub-total							>	88,309		0	
C	Total from continuation sheets to Part	-					•	>	0		0	
d	Total (add lines 1b and 1c)							<u>></u>	88,309		0	
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received mo	ore than \$100,	000 of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5							emp	loyee, or high	est compensa	ted 3	A LANGE !
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individ	lual 5	√
Section	on B. Independent Contractors	•	,						•			
1	Complete this table for your five highest compensation from the organization. Repyear.											tax
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compensation	1
None			_									0
		<u>-</u>										
						_						
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abo	ove) who		

0

Par	VIII	Statement of Revenue					
	Sta Shi	Check if Schedule O contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants mounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c	107,855				
Contributions, Gifts, Grants and Other Similar Amounts	d e	Related organizations 1d Government grants (contributions) All other contributions, gifts, grants,				13 14	
Contributions, and Other Sim	f g	and similar amounts not included above 1f Noncash contributions included in lines 1a–1f \$	165,902				The state of the s
	h	Total. Add lines 1a-1f	▶	273,757			1
nue			Business Code				
Program Service Revenue	2a b	Semi-annual meetings	9000099	11,736			
ice	С						
Ser	d						
Ë	е						
gra	f	All other program service revenue.					
_ 관	g	Total. Add lines 2a-2f	▶	11,736			
	3	Investment income (including divid	ends, interest,				
		and other similar amounts)	. ▶ [(265,898)			
	4	Income from investment of tax-exempt be	ond proceeds ►				
	5	Royalties	▶				
		(ı) Real	(ii) Personal				¥
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)			·		2.5.
i	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities assets other than inventory	(ii) Other				"我""我是
	b	Less: cost or other basis and sales expenses .					` ('
- 1	C	Gain or (loss)					
	d	Net gain or (loss)	· · · · >				N
venue	8a	Gross income from fundraising events (not including \$				-	- 神神神神神
Other Reven		of contributions reported on line 1c). See Part IV, line 18 a					75°4 1 1 1 1 1 1 2 1 2
ŏ		Less: direct expenses b					
		Net income or (loss) from fundraising Gross income from gaming activities See Part IV, line 19 a	events . ►				,
	b	Less: direct expenses b					
		Net income or (loss) from gaming acti					79 10 10 10 10
		Gross sales of inventory, less returns and allowances a	45,608				
	b	Less: cost of goods sold b	22,446				
		Net income or (loss) from sales of inve		23,162			
ł		Miscellaneous Revenue	Business Code				•
ľ	11a						
	b						
	c						
j	ď	All other revenue	 				
	e	Total, Add lines 11a-11d	▶		· · · · · · · · · · · · · · · · · · ·		
1	12	Total revenue See instructions		42 757			

Form **990** (2018)

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Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must cor				
	Check if Schedule O contains a respon	ise or note to any lii	ne in this Part IX		<u> </u>
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			and the same of the	1
2	Grants and other assistance to domestic individuals. See Part IV, line 22			ì	The state of the s
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	44.350	22.470		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	44,352	22,176	22,176	
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,557	2,557		
0		6,798	3,399		
9 10	Other employee benefits	1,801	900		
11	Payroll taxes	4,001	2,305	1,696	· · ·
''a	Management				
b	Legal				
c	Accounting	900		900	
d	Lobbying	300		300	
e	Professional fundraising services. See Part IV, line 17			1	
f	Investment management fees	3,957		3,957	
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,555			
12	Advertising and promotion	13,535			13,535
13	Office expenses	12,636	6,318	6,318	
14	Information technology				
15	Royalties				
16	Occupancy	10,068	5,034	5,034	
17	Travel	1,945	1,945		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2,412	2,412		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	4,884		4,884	
23	Insurance	2,248	2,248	, - · · · · · · · · · · · · · · · · · ·	1
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	, s*	- *	, ,	
	line 24e amount exceeds 10% of line 25, column				e i e e e e e e e e e e e e e e e e e e
	(A) amount, list line 24e expenses on Schedule O)		ere		
а	Magazine	13,939	13,939		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	Telephone and Internet	2,098	1,049	1,049	 -
c	Bank Fees	1,456	1,043	1,456	
d	Fellowships	10,000	10,000		
6	All other expenses Program Expenses	97,496	97,496		
25	Total functional expenses. Add lines 1 through 24e	237,083	171,778		13,535
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

33

34

1,775,695

1.888.904 Form **990** (2018)

2,232,215

33

34

Part X 'Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 1 68,967 153,876 2 2 Savings and temporary cash investments . . . 123 3 Pledges and grants receivable, net . . . 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors. . . . trustees, key employees, and highest compensated employees, 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Assets 7 Inventories for sale or use 8 11,601 9,893 Prepaid expenses and deferred charges . . 9 9 4,075 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 212.772 10b Less accumulated depreciation Ь 10c 129,877 80,539 132,233 11 Investments—publicly traded securities 11 2,116,845 1,588,704 Investments-other securities, See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11. . . 13 14 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34). 16 2,327,290 1,888,904 17 Accounts payable and accrued expenses 95,075 17 113,209 18 Grants payable 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 22 Loans and other payables to current and former officers, directors, -iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 . 26 95,075 113,209 Organizations that follow SFAS 117 (ASC 958), check here ▶ or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 2,170,007 1,708,630 Temporarily restricted net assets . . . 28 28 11,827 15,490 29 29 <u>51,5</u>75 50,381 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . 32 Retained earnings, endowment, accumulated income, or other funds. 32

Total liabilities and net assets/fund balances .

_	4	
Page	1	4

Enrm	aan	(2018)	

onn 9				Page 12
Dar	90 (2018) XII `Reconciliation of Net Assets			Page 12
Lei	Check if Schedule O contains a response or note to any line in this Part XI			🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	42,757
2	Total expenses (must equal Part IX, column (A), line 25)	2		237,083
3	Revenue less expenses. Subtract line 2 from line 1	3	-	(194,326)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,232,215
5	Net unrealized gains (losses) on investments	5	-	(262,243)
6	Donated services and use of facilities	6		· · · · ·
7	Investment expenses	7		
8	Prior period adjustments	8		49.00
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10		1,775,695
art	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			<u> 🗸</u>
				Yes No
1	Accounting method used to prepare the Form 990. Cash Accrual Other		_	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	ın II	
	Schedule O.			
2a				√
2a	Schedule O.		. 2a	✓
2a	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both		. 2a	✓
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis		. 2a	X X X X X X X X X X
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	 piled d	. 2a or . 2b	
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.	 piled d	. 2a or . 2b	
	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	 piled d	. 2a or . 2b	
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	 piled c ed on	. 2a Dr 2b a	
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization.	piled c	. 2a . 2b . a	
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization of its financial statements and selection of an independent accountant?	piled of ed on versighuntant?	. 2a	
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization.	piled of ed on versighuntant?	. 2a	
b	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, exception of a federal award, was the organization required to undergo an audit or audits as set	piled of the piled on wersigh intant?	. 2a . 2b . a . 2c . a	
b c	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, ex Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	piled of the piled on wersigh intant? option if the pile of the pi	. 2a . 2b . 2b . 2c . 3a	
b c	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, exception of a federal award, was the organization required to undergo an audit or audits as set	piled of ed on wersigh untant? cplain if forth if ergo th	. 2a . 2b . 2b . 2c . 3a	

SCHEDULĘ A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	stowne Society						<u> 64184 </u>
	t I Reason for Public Cha						ons.
The	organization is not a private found:		,	-	•	•	~ 0
1	A church, convention of church					· · · · · · · · · · · · · · · · · · ·	M
2							
3	A hospital or a cooperative ho						
4	A medical research organizati hospital's name, city, and stat	te.					
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a governmen	tal unit described in
6	A federal, state, or local gover						
7	An organization that normally			port fror	n a gover	nmental unit or fror	n the general public
	described in section 170(b)(1)		•				
8	A community trust described						
9	An agricultural research organ	ization describe	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a	land-grant college
	or university or a non-land-gra						-
10	An organization that normally receipts from activities related	receives. (1) mor	re than 331/3% of its s	upport fr	om contri	butions, membershi	p fees, and gross
	support from gross investmen	it income and un	related business taxa	ble incor	ne (less s	ection 511 tax) from	businesses
	acquired by the organization a	after June 30, 19	75. See section 509 (a	a)(2). (Co	mplete P	art III.)	
11	An organization organized and	d operated exclu	sively to test for publi	c safety.	See sect	ion 509(a)(4).	
12	An organization organized and						
	of one or more publicly suppo						
	Check the box in lines 12a thro	=	* *		-	•	•
а	☐ Type I. A supporting organ						
	the supported organization					the directors or trust	ees of the
	supporting organization. Y	-					
b	☐ Type II. A supporting orga						
	control or management of				persons	that control or man	age the supported
	organization(s). You must	=					
С	Type III functionally integ its supported organization						ally integrated with,
d	Type III non-functionally						
	that is not functionally inte						id an attentiveness
	requirement (see instructio	ns). You must c	complete Part IV, Sec	ctions A	and D, ai	nd Part V.	
е	☐ Check this box if the organ functionally integrated, or						e II, Type III
f	Enter the number of supported of						
9	Provide the following information	n about the supp	ported organization(s)				, <u>-</u>
	(i) Name of supported organization	(n) EIN	(III) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary	(vi) Amount of
			above (see instructions))		ment?	support (see instructions)	other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							
						i e	

Feli	• • • • • • • • • • • • • • • • • • • •						
	(Complete only if you checked to Part III. If the organization fails to						ality under
Sect	ion A. Public Support	duality und	51 110 10313 11	sted below, p	iease comple	ete i ait iii.)	/
	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018/	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			(0) 2010	(4) 20	//	(1) 10101
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	[]	ガルカトゲン	の指針。理論	建步为路里也	المراجعة المراجعة المراجعة	
	on B. Total Support				r		
	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)		-				
11	Total support. Add lines 7 through 10	and the same	松江 、加丁"坚守	A BANACTA	Name of the last	超过到的证据	
12	Gross receipts from related activities, etc	. (see instruction	ons)		1	12	
13	First five years. If the Form 990 is for the		i's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re			<u>. \ \ </u>		▶ 🗆
Secti	on C. Computation of Public, Suppo				./		
14-	Public support percentage for 2018 (line			1, column (f))	:	14	%
15	Public support percentage from 2017 Sci	hedule A, Part I	II, line 14 .		· · · · \ :	15	
16a	331/3% support test-2018. If the organ	ization did not	check the box	on line 13, ar	nd line 14 is 33	31/3% or more, (check this
	box and stop here. The organization qua				· · · <u>}</u>		▶ 🗆
b	331/3% support test—2017. If the organi	ization did not	check a box o	n line 13 or 16	a, and line 15t	us 331/3% or mo	ore, check
	this box and stop here. The organization			=		/	▶ 📙
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the " organization"	eets the "facts-	and-circumsta	ances" test, ch	eck this box a	ind stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization	ation meets the	e "facts-and-c	ircumstances"	test, check t	his box and s	top here.
18	Private foundation. If the organization di	d not check a l	oox on line 13.	16a, 16b, 17a	, or 17b. checl	k this box and s	see
	instructions					1	▶ □

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	150,403	121,453	118,582	205,549	273,757	869,744
2	Gross receipts from admissions, merchandise sold or services performed, or facilities				l		
	furnished in any activity that is related to the	-					
	organization's tax-exempt purpose	28,083	33,143	32,470	36,068	45,608	175,372
3	Gross receipts from activities that are not an	}					
	unrelated trade or business under section 513	7,821	8,576	8,869	9,537	11,736	46,539
4	Tax revenues levied for the	į		1			
	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					j	
_	organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	186,307	163,172	159,921	251,154	331,101	1,091,655
7a	received from disqualified persons .			1			
	·		-				
b	Amounts included on lines 2 and 3 received from other than disqualified			ŀ			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	·					
С	Add lines 7a and 7b				- 1		
8	Public support. (Subtract line 7c from		نک تحصیل				
	line 6.)			· ·			1,091,655
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	186,307	163,172	159,921	251,154	331,101	1,091,655
10a	Gross income from interest, dividends,					ľ	
	payments received on securities loans, rents,						
	royalties, and income from similar sources.	6,977	6,268	5,217	3,127	16,293	37,882
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_		0.077		5 217	2 127	10 202	27.002
C	Add lines 10a and 10b	6,977	6,268	5,217	3,127	16,293	37,882
11	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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	193,284	169,440	165,138	254,281	347,394	1,129,537
14	First five years. If the Form 990 is for the	-					
	organization, check this box and stop he			· · · <u>·</u>	<u> </u>	· · · · ·	<u> ▶ [</u>
	on C. Computation of Public Suppor			0 1 (0)		145	
15	Public support percentage for 2018 (line 8		•			15	96.65 %
16 Saati	Public support percentage from 2017 Sch		•	· · · · · ·	<u></u>	16	96.52 %
	on D. Computation of Investment In			v line 12 selve	nn (fl)	17	2 20 0/
17	Investment income percentage for 2018 (Investment income percentage from 2017)					18	3.36 % 3.49 %
18	331/2% support tests—2018. If the organ	r Scriedule A, P	aitill, illie 17 check the hov	on line 14 an	 d line 15 is m		
19a	17 is not more than 33 ¹ / ₃ %, check this box	and stop here.	The organization	on qualifies as a	publicly suppo	orted organization	on . \blacktriangleright
ь	331/3% support tests—2017. If the organiz						
IJ	line 18 is not more than 331/3%, check this						
20	Private foundation If the organization du						_

Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	ચ દા ^ત = વા;	9 9 1	
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	ļ	ļ
2	Did the organization have any supported organization that does not have an IRS determination of status		ļ· ,	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	· · · · · ·	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		•
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	1		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	1	·	
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination		٠,	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes	4c	ļ	-
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		ļ. ·	; ·
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	, , ,		-
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	•		.
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	,t	, ,	<i></i>
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	- •		" . .
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	<u></u>		<u></u>
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	-	_
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	 .		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	'	,	
J	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	A	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	Τ.		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			,
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		<u> </u>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		 	:
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	1 2	Ŧ
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	-;	, 41	•
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		<u> </u>

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

Part	V Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	<i>i</i> ,	, ·	Ι.
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		ļ
	A family member of a person described in (a) above?	116		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	_	<u>. </u>
Secti	on B. Type I Supporting Organizations			1
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	, .		, "
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	*	1	, ,
	controlled the organization's activities. If the organization had more than one supported organization,		i.	n *.
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		, ·	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
5	Did the argenization apprate for the hands of any supported argenization other than the supported	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			,
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			L
	on or type it dupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	l f •		, ,,,
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		•	,
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			•
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		′ ′	, ,
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ı
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ.,,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	· · · · · · · · · · · · · · · · · · ·)
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		<u> </u>	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		,	٠, ا
	significant voice in the organization's investment policies and in directing the use of the organization's	۱ ۱		, .
	Income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		<u> </u>	
		3		l
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ction	S).
a	The organization satisfied the Activities Test Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	200 101	teunt	ionel
с 2	Activities Test. Answer (a) and (b) below.]	Yes	
	• • • • • • • • • • • • • • • • • • • •		103	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			, g**
	those supported organizations and explain how these activities directly furthered their exempt purposes,		• 1	
	how the organization was responsive to those supported organizations, and how the organization determined	' .	<u> </u>	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	7" n; ;		
	of the organization's supported organization(s) would have been engaged in 9 If "Yes," explain in Part VI the	h-	•	
	reasons for the organization's position that its supported organization(s) would have engaged in these	ı		
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> .			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	.		.
а	trustees of each of the supported organizations? Provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		41 4	
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>gan</u>	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income	·	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		* * * * * * * * * * * * * * * * * * * *	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).	,		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		_
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount		.7. *	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	**	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	·	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		•	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y in	tegrated Type III supporting	organization (see

	le A (Form 990 or 990-EZ) 2018	3) 6		Page 7
Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	, , , , , , , , , , , , , , , , , , , ,	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets			<u> </u>
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.	 		
	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	th the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			<u> </u>
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			· · · · · · · · · · · · · · · · · · ·
3	Excess distributions carryover, if any, to 2018			一大 かりことかなる
a	From 2013			- Ym 42 m/2.
b	From 2014			and the second of the second
	From 2015			114 11 114
d	From 2016			· - Mr 1 Art.
е	From 2017			भाग विक्रीसमात्र नेत्र स्थाप्त ।
f	Total of lines 3a through e			-
g	Applied to underdistributions of prior years			_1
h	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			전 Visit
4	Distributions for 2018 from			1. 1. 2 m + 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	Section D, line 7:			क्षांच र ट्रांस्ट
	Applied to underdistributions of prior years			1 1 1 1 1 1
<u>b</u>	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4			1
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			in the second se
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	,		
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			` (
8	Breakdown of line 7.			
а	Excess from 2014			
b	Excess from 2015			wing is ky of by
С	Excess from 2016		ा काले चुळीहरू	· IL · · · · · · · · · · · · · · · · · ·
d	Excess from 2017			· 有關中國語·
е	Excess from 2018			्र सूत्र सम्पर्यक्ति । विश्व सम्पर्यकृत

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

SCHEDULE D (Form 990)⁻

4

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

James	towne Society		54-0964184
Pai			ds or Accounts.
	Complete if the organization answered	,	T
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
_	funds are the organization's property, subject to the	•	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene- conferring impermissible private benefit?		
Par		· · · · ·	· · · · · · · · Yes 🗀 No
rai	Complete if the organization answered	"Ves" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
'	Preservation of land for public use (e.g., recrea	· · · · · · · · · · · · · · · · · · ·	a historically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	a certified historic structure
	Preservation of open space	Freservation of	a certified historic structure
2	Complete lines 2a through 2d if the organization he	ald a qualified conservation contribution	on in the form of a conservation
~	easement on the last day of the tax year.	era a qualmea conservation contributio	Held at the End of the Tax Year
_	Total number of conservation easements .		
a b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified h		
d	Number of conservation easements included in	, ,	
u			l i
3	Number of conservation easements modified, trans		
Ū	tax year ▶	sierrea, releasea, extinguistica, or terri	mated by the organization during the
4	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy reg		pection, handling of
•	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec		
	>	g,g	,
7	Amount of expenses incurred in monitoring, inspecting	a, handling of violations, and enforcing	conservation easements during the year
•	▶ \$	g,gg	
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
		• • •	· · · · · · · · · · · · · · No
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme	ents.	
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF.	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements that	describes these items.
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its i	revenue statement and balance sheet
	works of art, historical treasures, or other sımılar	assets held for public exhibition, ed	ucation, or research in furtherance of
	public service, provide the following amounts relati	•	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	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 S		
а	Revenue included on Form 990, Part VIII, line 1 .		> \$
b	Assets included in Form 990, Part X		

Ç,

3 Using the organization's accusation, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply). a Public exhibition d Loan or exchange programs b Scholarly research e Other c Proservation for future generations d Coan or exchange programs e Other c Proservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of ant, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ▼es No Perit V Escrow and Custodial Arrangements, Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ▼es No If *Yes,* explain the arrangement in Part XIII and complete the following table: c Beginning balance 1c c Beginning balance 1c c Beginning balance 1c d Additions during the year 1e f Ending balance 1c Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 9. Table Beginning of year balance 50,331 43,339 43,300 47,700 0 D Contributions during the recommendation of the explanation has been provided on Part XIII 1a Beginning of year balance 50,331 43,339 43,300 47,700 0 D Contributions 12,200 2,500 5,000 2,500 D Contributions 12,200 2,500 5,000 2,500 D Contributions 12,200 2,500 5,000 2,500 D Contributions 12,200 2,500 2,500 5,000 2,500 D Contributions 12,200 2,500 2,500 3,000 47,700 D Contributions 12,200 2,200 2,500 3,000 47,700 D Contributions 12,200 2,200 2,500 3,000 47,700 D Contributions 12,200 2,200 2,200 3,000 47,700 D Contributions 12,200 2,200 3,000 47,700 D Contributions 12	Par	t III _ · Organizations Maintaining								
b Scholarly research e Other	3 ·			her records	, chec	k any of ti	he follov	ving that are a sig	gnificant u	se of its
b Scholarly research e Other	а	☐ Public exhibition		d 🔲	Loan	or exchan	ge progr	rams		
c	b	☐ Scholarly research								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive dinations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	C		5							
Sesent and Custodial Arrangements Second and Custodial Arrangement Second	4	Provide a description of the organization		and explain	how th	ney further	the org	anızatıon's exem	pt purpose	n Part
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive than to be mainta	donations o	of art, I	historical t organizat	reasures	s, or other similar	_	□No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	Escrow and Custodial Arra	ingements.				-	-		
Included on Form 990, Part X?		990, Part X, line 21.						•		orm
C Beginning balance Amount 1c	1a	Is the organization an agent, trustee included on Form 990, Part X?	custodian or oth	er intermed	iary fo	r contribu	tions or	other assets not		□ No
C Additions during the year 1c 1d 1d 1d 1d 1d 1d 1d	b	If "Yes," explain the arrangement in P	art XIII and comple	ete the follo	ving ta	ible:		T Am	nount	
d Additions during the year e Distributions during the year f Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		Reginning balance					10			
Ending balance Ending balance Ending balance Ending balance Ending balance Ending balance Endowment Funds. Endowment Funds endowment Funds endowment Funds endowment Funds endowment Funds endowment Funds. Endowment Funds endowme	_									
Ending balance 11										
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?								.		
Description Part XIII Check here if the explanation has been provided on Part XIII Part X Endowment Funds.										
Part V										
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance			art Alli. Check here	en trie expla	mation	nas been	provide	d on Part Alli .	• • •	Ч
1a Beginning of year balance 50,381 43,369 43,000 47,700 0	. ai		answered "Vos"	on Form	ם ממכ	art IV/ Jun	o 10			
Beginning of year balance 50,381 43,369 43,000 47,700 0		Oomplete if the organization						(d) Three years back	(a) Four you	re back
Description Section	1-	Reginning of year balance				(C) TWO year			(e) rour yea	
Net investment earnings, gains, and losses	_									
losses 284 112 144			910		9,400		2,725	300		50,200
d Grants or scholarships	C									
Other expenditures for facilities and programs			_							
f Administrative expenses		· ·	0		2,500		2,500	5,000		2,500
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. Board designated or quasi-endowment ▶ 3% Permanent endowment ▶ 97% Temporarily restricted endowment ▶ 0% The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations . 3a(i) ✓ (ii) related organizations . 3a(ii) ✓ b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . 3b	8	programs								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. Board designated or quasi-endowment ▶ 3% Permanent endowment ▶ 97% Temporarily restricted endowment ▶ 0% The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations . (ii) related organizations	f	Administrative expenses								
Board designated or quasi-endowment ▶ 3% b Permanent endowment ▶ 97% c Temporarily restricted endowment ▶ 0% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	g	End of year balance	51,575		0,381		43,369	43,000		47,700
b Permanent endowment 97% c Temporarily restricted endowment 0% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) / (ii) related organizations 3a(ii) / b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	2	Provide the estimated percentage of t	he current year en	d balance (l	ne 1g,	column (a	a)) held a	IS.		
Temporarily restricted endowment ▶ 0% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	а	Board designated or quasi-endowmer	nt ▶	3%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	ь	Permanent endowment ▶	97%							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	C	Temporarily restricted endowment ▶	0%							
Yes No		The percentages on lines 2a, 2b, and 2	2c should equal 10	00%.						
(ii) unrelated organizations . 3a(i)	3a		possession of the	e organızati	on tha	t are held	and adr	ninistered for the	Ve	s No
(ii) related organizations		(i) unrelated organizations .								
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Buildings					•	•				+
Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 21,900 b Buildings	ь									+
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 21,900 b Buildings									<u> </u>	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation 21,900 Buildings				2 2				··· · · · · · · · · · · · · · · · · ·		
Cost or other basis (investment) (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value				on Form 9	190 P	art IV line	e 11a S	See Form 990 F	art X line	10
b Buildings			(a) Cost or oth	ner basis (b)	Cost or	other basis	(c) A	ccumulated		
b Buildings	12	Land				21 000				21.000
c Leasehold improvements								50.070		
d Equipment 23,738 20,479 3,259 e Other 7,911 191 7,720						159,224		59,870		33 ,354
e Other	-					22.722		20.470		
7,311		Out.								
			ust equal Form 90	O Part Y o	alumn			191		

	Complete if the organization a				
	(a) Description of security or cat (including name of security		(b) Book value		hod of valuation -of-year market value
	derivatives				
	neld equity interests				
(3) Other		•••••			
(~)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					THE STATE OF STREET
	b) must equal Form 990, Part X, col (B) line 12				
Part VIII	Investments—Program Rela		000 5 4844	44 0 5	000 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Complete if the organization a				
	(a) Description of investmen	nt	(b) Book value		hod of valuation -of-year market value
(1)					
(2)					
(3)			1		
(4)					
(5)					
(6)					 .—
(7)					
(8)					
(9)	th			- Per . Per le la crimina del 1900 (blance Si	TO A PRINCIPATION OF THE PRINCIPAL AND A STATE OF THE PRINCIPAL AND A STAT
Part IX	b) must equal Form 990, Part X, col (B) line 13) Other Assets.			Marie Marie Die Kristone	
raitix	Complete if the organization a	answered "Ves" on For	m 000 Part IV line	11d See Form	000 Part Y line 15
·	Complete if the organization t	(a) Description	11 000,1 41111, 11110	114. 000 1 0111	(b) Book value
(1)					<u> </u>
(2)					
(3)				-	<u> </u>
(4)					
(5)					
(6)			<u></u>		<u> </u>
(7)					-
(8)					
(9)					
	mn (b) must equal Form 990, Part	X, col. (B) line 15.) .			
Part X	Other Liabilities.				
	Complete if the organization a	answered "Yes" on Fori	m 990, Part IV, line	11e or 11f. See	Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes				
(2)					Y I I I I I I I I I I I I I I I I I I I
(3)					(0.4)
(4)					
(5)				A TOP OF THE	
IDI		i			
(6)				Contract of the second	
(7)					

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶

Pair	Complete if the organization answered "Yes" on Form 990,		•	Hetur	n.
1	Total revenue, gains, and other support per audited financial statements			1	(219,477)
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				(2.10/1.77)
а	Net unrealized gains (losses) on investments	2a	262,243		
b	Donated services and use of facilities	2b		4	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d		11	
е	Add lines 2a through 2d			2e	262,243
3	Subtract line 2e from line 1			3	202,210
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	İ I			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		;	
ь	Other (Describe in Part XIII.)		(9)		
С	Add lines 4a and 4b			4c	(9)
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)		5	42,757
Part					urn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V. line 12a.		
1	-			1	237,083
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				237,003
а	Donated services and use of facilities	2a			
ь	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	•
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	<i>.</i>		3	
-	Investment expenses not included on Form 990, Part VIII, line 7b	4.			
a		4a	 -	W.	
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.	9 18.)	· · · · ·	5	237,083
2; Part V,	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part 4. The Alice Massey-Nesbitt Fellowship Fund supports the completion of a complete in a before 1700. Applicants may be candidates for graduate or doctoral degree an Studies, Literature, Archaeology, Anthropology, Fine Arts, etc., if their research	to pro radual	vide any additional int te thesis or essay on th any relevant discipline	formati ne histo such a	on. ory and culture s History,
substa	ntially to Colonial Virginia prior to 1700. The fund must always maintain a min	ımum l	balance of \$50,000.		
Part XI,	4B Small difference due to rounding.	•			
	······································				
•••••	·				
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Schedule D (Fo	orm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Jamestowne Society 54-0964184 Form 990, Part III, Line 1 - Description of Organization's Mission: Early settlers who made the great sacrifice to establish our English-speaking nation, and to unite these descendants to honor the memory of our settler ancestors, to record their deeds, and to do homage to the birthplace of Virginia and our nation. To associate those descendants as members of the corporation. To bring the members into closer association through activities revolving around matters of common historical and genealogical interest. To promote the restoration of historical records, documents, objects and edifices which are of lasting cultural value to the people of Virginia and the nation. To assist in the organization of state companies, reminiscent of the London and Virginia Companies, in states where membership and interest justify them Form 990, Part VI, Section A, Line 6 The Society is comprised of members who pay dues to become lifetime members. Form 990, Part VI, Section A, Line 7a Members may attend the fall membership meeting and vote on a slate of nominees for officer and council positions put forth by the nominating committee or by individual members. Form 990, Part VI, Section A, Line 7b: Proposed changes to the bylaws must be approved by the members at one of the semi-annual membership meetings. Form 990, Part VI, Section B, Line 11 Copies of the From 990 and it's schedules are sent electronically to the officers for review and final approval. Form 990, Part VI, Section B, Line 15a The Executive Director's compensation is recommended by the Budget Committee to the Council. The Council votes to approve the annual budget and the Executive Director's compensation package. Form 990, Part VI, Section C, Line 19 The governing documents, financial statements and 990s are available for inspection at the office upon request. Form 990, Part IX, Line 24e-Program Expenses were \$87,624 for the Jamestown Rediscovery Project and \$7,104 for Nottoway County Marriage Bonds preservation.