			Dotu		ENDED TO				Incor	na Tay	OMB No. 1545-0047
For	_ <b>Q</b>	90		rn of Org							s <b>0017</b>
Form <b>YYU</b> 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				
		enue Service		Go to www.irs	-				-	-	Inspection
AI	For th	e 2017 calenc	lar year, or tax y	ear beginning	JUL 1,	2017	and and	d ending	<u>JUN</u> 3	0, 2018	
	Check if applicab		f organization						D Em	ployer identific	cation number
	Addre	JAME	STOWN REI	DISCOVER	Y FOUNDA	ATION					
	Name chang	ge Doing b	usiness as							XX-XX	XXXXX
	Initial returr	Number	r and street (or P.			reet addres	ss)	Room/sı	ite E Tele	ephone number	
	Final returr termi	0	WEST FRAM								648-1889
	ated Amer	City or 1	own, state or pro		and ZIP or fore	eign posta	al code			s receipts \$	1,720,572.
	returr Appli		MOND, VA		IAMES P	HORN	т			s this a group re	
	tion pend		COLONIAL					23081		or subordinates	
1	Tax-ex	empt status: [			) (insert		4947(a)(1)				list. (see instructions)
			HISTORIC		/ /	110.)	1017(0)(1)	, 01		Group exemption	,
			X Corporation	Trust	Association	Oth	er 🕨	LY			State of legal domicile: VA
	art I										×
	1	Briefly describ	be the organizatio	n's mission or 1	most significant	t activities	S: JAME	ESTOW	N REDI	SCOVERY	FOUNDATION
Governance		IS COMM	ITTED TO	SUPPORT	ING THE	PRES	ERVAT	ION,	(SEE S	SCHEDULE	0)
ina	2	Check this bo	ox 🕨 if the	e organization d	liscontinued its	operation	ns or dispo	osed of m	ore than 25	% of its net ass	
٥ ٨	3		ting members of								17
ত	4									17	
ies	5								0		
Activities &	6	<ul> <li>Total number of volunteers (estimate if necessary)</li> <li>Total unrelated business revenue from Part VIII, column (C), line 12</li> </ul>							0		
Act	7a										0.
	D	Net unrelated	business taxable	Income from F	orm 990-1, line	34		<u></u>		7b or Year	Current Year
	8	Contributions	and grants (Part	VIII line 1h)				·		72,479.	1,605,964.
Jue	9		ice revenue (Part							0.	0.
Revenue	10	•	come (Part VIII, c							413.	-142.
ž	11		e (Part VIII, colum							0.	0.
	12		- add lines 8 thro							72,892.	1,605,822.
	13	Grants and si	milar amounts pa	id (Part IX, colu	mn (A), lines 1-	3)			5	15,290.	952,490.
	14	Benefits paid	to or for member	s (Part IX, colur	mn (A), line 4)					0.	0.
ŝ	15		r compensation,						3	57,238.	396,742.
Expenses	16a		undraising fees (F							0.	0.
ăX	b		ing expenses (Pa	, ,		•	240,8			<u> </u>	05 000
ш	1 1		es (Part IX, colum						0	52,530.	95,208.
	18		es. Add lines 13-1							25,058.	<u>1,444,440.</u> 161,382.
- 9	<b>19</b>	Revenue less	expenses. Subtra	act line 18 from	line 12						
sts 0	20	Total accote (	Part X, line 16)							of Current Year 30,768.	<u>End of Year</u> 1,142,532.
ASSE	20		Fart X, line $10$ s (Part X, line 26)							20,768.	371,150.
Net Assets or	22		fund balances. S		from line 20					10,000.	771,382.
	art II	Signatur								,	_,
		alties of perjury,	I declare that I have	e examined this re	eturn, including a	ccompanyi	ing schedul	es and stat	ements, and	to the best of my	knowledge and belief, it is
			. Declaration of pre				-			-	

Sign	Signature of officer	Date								
Here	JAMES P. HORN, PRESIDENT									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	JAYME MIKA			self-employed P00852731						
Preparer	Firm's name <b>KEITER</b> , STEPHENS,	HURST,GARY & SHREAVES	<b>, PC</b> Firm's	s EIN ▶ 54-1631262						
Use Only	Firm's address 4401 DOMINION BL	VD								
	GLEN ALLEN, VA 2	3060	Phone	e no. (804)747-0000						
May the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)		X Yes No						
732001 11-28	732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2017)									

 11-28-17
 LHA For Paperwork Reduction Act Notice, see the separate instructions.
 Form 990 (2017)

 SEE
 SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
 Form 990 (2017)

4d 4e	(Expenses \$ Total program service expenses	including grants of \$ 1,050,284.	) (nevenue ¢	)	<b>990</b> (201)
4d	(Expenses \$	Including grants of \$	) (nevenue a	)	
	Other program services (Describe in Sch		) (Revenue \$	)	
4c	(Code:) (Expenses \$	including grants of \$	)	(Revenue \$	
	(	nordaniy granis Ul \$	)	(	
4b	WILL ALSO BE A CENTER		COMMEMORATION.	(Revenue \$	
	THAT CAN BE DIRECTLY ARRIVE IN ENGLISH AM				
	ONGOING AT THE "ANGE	LA SITE." IT IS TH	E ONLY PUBLICLY	ACCESSIBLE SIT	
	IN COLLABORATION WI		RK SERVICE. EXC	AVATIONS ARE	
	CHURCH THAT WILL BE A OF SELF-GOVERNMENT IN		HE FORTHCOMING	400TH ANNIVERSA	<u>AKX</u>
	THE ARCHAEOLOGY WILL	BE THE BASIS OF A	NEW EXHIBIT IN	THE MEMORIAL	
	REPRESENTATIVE LEGISI ASSEMBLY) MET IN 1619				ROM
	EXCAVATIONS TO DISCO	OVER REMAINS OF TH	E 1617-18 CHURC	H, WHERE THE FI	RST
4a	revenue, if any, for each program service (Code: ) (Expenses \$ 1,	reported. 050,284. including grants of \$	<b>952,490.</b> )	(Revenue \$	
4	Section 501(c)(3) and 501(c)(4) organization		• • •		
4	If "Yes," describe these changes on Schu Describe the organization's program serv		s three largest program socia	as as massured by ovpoppop	
3	Did the organization cease conducting, o		it conducts, any program serv	ices? Yes	s X No
-	· · · · ·				s 🚺 No
2	AMERICAS, WHERE THRE		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	JAMESTOWNE, THE ORIG				2
	JAMESTOWN REDISCOVERY PRESERVATION, ARCHAE				
	Briefly describe the organization's missio				
1					
1	rt III Statement of Program Ser Check if Schedule O contains a res	-	ırt III		X

Form 990 (2			REDISCOVERY	FOUNDATION
Part IV	Ch	ecklist of Required Schedu	ules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
•	If "Yes," complete Schedule A	1	 X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2	<u> </u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		х
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		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
<u>م</u>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	• •	11f	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>		- 23	
1Zd		10-		х
ь.	Schedule D, Parts XI and XII	12a		- 77
Ø	Was the organization included in consolidated, independent audited financial statements for the tax year?	104	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
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		Х

Form 990 (2017)

732003 11-28-17

	REDISCOVERY	POINDARTON
OAMESIOWN	KEDISCOVEKI	LOONDAITON

Form	990 (2017) JAMESTOWN REDISCOVERY FOUNDATION XX-XXXX	XXX	Р	age <b>4</b>
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	х	
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<u> </u>
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			<u> </u>
0.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<u> </u>
UL.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04	Part V, line 1	34	х	
350	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<u> </u>
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		<u> </u>
30		36		x
27	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37		37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," <i>complete Schedule R, Part VI</i>	31		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	1
	Note. All Form 990 filers are required to complete Schedule O	38	17	L

Form 990 (2017)

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XX-XXXXXXX	Page 5
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017)		REDISCOVERY	
Statements	Regarding Other	IRS Filings and Ta	IX Compliance

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

			Yes	No				
1a	nter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b							
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country:							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	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?	<u>6a</u>		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
_	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
	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?							
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
C	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?							
Ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g						
-	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:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?							
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13								
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>						
P-	Note. See the instructions for additional information the organization must report on Schedule O.							
a	<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the							
~	organization is licensed to issue qualified health plans 13b							
	Enter the amount of reserves on hand	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a 14b						
u	in res, has it need a routh report these payments? IT INO, provide an explanation in Schedule U			I				

Form **990** (2017)

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Form 990 (2017)

Part V

Form	990 (2017) JAMESTOWN REDISCOVERY FOUNDATION		XX-XXXX		Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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	17	'		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17	/		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point c	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at	the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue	Code.)			
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,	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	befor	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," de	escribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	l by inc	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	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 arrangem	nent wi	th a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	'S			
0	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	on 501(c)(3)s only) a	vailable	9	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website I Upon request Other (explain		,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of	interest policy, and	i financ	al	
~-	statements available to the public during the tax year.		, <b>.</b>			
20	State the name, address, and telephone number of the person who possesses the organization's boo PUP = OPCANTZATTON = (804) = 648 - 1889	ks and	records: 🏲			
	THE ORGANIZATION - (804) 648-1889 204 WEST FRANKLIN STREET, RICHMOND, VA 23220					
	i i			F	000	(0047)
732006	11-28-17 <b>6</b>			FOLU	330	(2017)
	б					

JAMESTOWN REDISCOVERY FOUNDATION

2017.05060 JAMESTOWN REDISCOVERY FOU 700321.2

Page 7

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of

reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week					l/iius		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(W-2/1033-10130)	organization
	organizations	truste	al tru:		yee	mper				and related
	below	Individual trustee or director	nstitutional trustee	er	Key employee	est cc loyee	ler			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) MR. JAMES P. HORN	25.00									
PRESIDENT	25.00	Х		Х				0.	167,563.	0.
(2) MR. MARK J. ROMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) MR. JAMES C. REAGAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) MR. DONALD W. BOGUS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) MS. ELAINE E. BOGUS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) MR. STERLING NICHOLS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) MS. LORETTA J. ROMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) MS. L. KAY WILKINSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MR. COLIN G. CAMPBELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ELIZABETH S. KOSTELNY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) DR. WILLIAM M. KELSO	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(12) PATRICIA S. LOUGHRIDGE	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(13) DR. ASHLEY ATKINS-SPIVEY	1.00									•
BOARD MEMBER	1	Х						0.	0.	0.
(14) DR. D. MARSHALL BARRY	1.00									•
BOARD MEMBER	1	Х						0.	0.	0.
(15) DR. PATRICIA BARRY	1.00									•
BOARD MEMBER	1	Х						0.	0.	0.
(16) MR. JAMES D. PENNY	1.00	<b>.</b>						_		-
BOARD MEMBER		Х						0.	0.	0.
(17) MS. PAMELA PENNY	1.00	<b>_</b> _						_		-
BOARD MEMBER		Х						0.	0.	0.
732007 11-28-17				_	-					Form <b>990</b> (2017)

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2017.05060 JAMESTOWN REDISCOVERY FOU 700321.2

	<u>990 (2017)</u> JAMESTOWN	N REDISC	'0V	'ER	Y	FC	UN	DA	TION	XX-XX	XXXX	XX	Pa	age <b>8</b>
Par	VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title		week			(C) Position do not check more than one ox, unless person is both an ifficer and a director/trustee)			(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e ion ed
											_			
1b	Sub-total	l		L		<u> </u>	L		0.	167,56				0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.	167,56	0.			0.
2	Total number of individuals (including but no							o re			-			0
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer,	-				•			•					v
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su										-	3		X
•	and related organizations greater than \$150										[	4	Х	
5	Did any person listed on line 1a receive or a											_		v
Sec	rendered to the organization? <i>If</i> "Yes," com ion B. Independent Contractors	plete Schedule	e J fo	or su	ich r	bers	on .					5		Х
1	Complete this table for your five highest cor	•	•							•	ensati	on fro	m	
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B)									(C	;)				
Name and business address         NONE         Description of services         O										Co	omper	nsatio	<u>1</u>	
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nitec	d to f	thos (		ted	above) who received m	ore than			000	

732008 11-28-17

				ISCOVERY	FOUNDATION	1	XX-XXXXX	XX Page <b>9</b>
Par	t VII	Statement of Revenue	е					
		Check if Schedule O contair	ns a response	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
nu	b							
С В С В С	с	Fundraising events	1c					
ar A	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	• · · · · · · ·						
ŝ	f	All other contributions, gifts, grants,	and					
but		similar amounts not included above	lf 1,	605,964.				
j	g	Noncash contributions included in lines 1a-	1f: \$	114,983.				
anc	h	Total. Add lines 1a-1f			1,605,964.			
				Business Code				
e	2 a							
Program Service Revenue	b							
Sei	с							
an eve	d							
ВĞ	е							
Pro	f	All other program service revenu	le					
	a	Total. Add lines 2a-2f						
	3	Investment income (including div						
		other similar amounts)			90.			90.
	4	Income from investment of tax-e						
	5	Royalties	•					
		, Г	(i) Real	(ii) Personal				
	6 a	Gross rents	0					
	b							
	c							
	d							
			(i) Securities	(ii) Other				
		assets other than inventory	14,518.	() 0 1.10.				
	b	Less: cost or other basis						
	-		14.750.					
	с	Gain or (loss)	<u>14,750.</u> -232.					
	d	<b>.</b>			-232.			-232.
е		Gross income from fundraising e	events (not					
/eni		including \$						
Other Revenue		contributions reported on line 10	-					
er		Part IV, line 18						
đ		Less: direct expenses						
-		Net income or (loss) from fundra	-	····· •				
	9 a	Gross income from gaming activ						
	-	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming		····· <b>&gt;</b>				
	10 a	Gross sales of inventory, less ret						
	_	and allowances						
		Less: cost of goods sold						
ŀ	С	Net income or (loss) from sales of						
ŀ		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	С							
	d							
	е							140
	12	Total revenue. See instructions		▶	1,605,822.	0.	0.	-142.
732009	11-28	-17						Form <b>990</b> (2017

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JAMESTOWN REDISCOVERY FOUNDATION Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a response not include amounts reported on lines 6b,	se or note to any line in (A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations		050 400		
	and domestic governments. See Part IV, line 21	952,490.	952,490.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 062	74 959	17 121	68 080
•	trustees, and key employees	190,962.	74,858.	47,124.	68,980.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	152,584.		44,461.	108,123.
7	Other salaries and wages	±J4,J04.		44,401.	100,143.
8	Pension plan accruals and contributions (include	6 1 3 7	1,520.	1 /22	3 1 Q /
9	section 401(k) and 403(b) employer contributions)	6,137. 23,418.	±,540•	<u>1,433</u> . 23,235.	<u>3,184.</u> 183.
	Other employee benefits	23,641.	5,868.	6,067.	11,706.
10	Payroll taxes	23,041.	5,000.	0,007.	11,700.
11	Fees for services (non-employees):				
a L	Management	1 267		1,267.	
b		<u>1,267.</u> 2,000.		2,000.	
c d	Accounting	2,000.		2,000.	
e u	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
, a	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	7,794.	987.		6,807.
12	Advertising and promotion	.,			
13	Office expenses	33,146.	2,601.	10,805.	19,740.
14	Information technology	5,658.	1,154.	3,499.	<u>19,740.</u> 1,005.
15	Royalties				
16	Occupancy	611.		26.	585.
17	Travel	8,067.	2,505.	185.	5,377.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	32,124.	8,301.	10,763.	13,060.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,951.		1,951.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSES	2,590.		465.	2,125.
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,444,440.	1,050,284.	153,281.	240,875.
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)				

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if following SOP 98-2 (ASC 958-720)

Form 990 (2017)

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Page **11** XX-XXXXXXX

		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	527,968.	1	980,539
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	155,300.	3	125,000
	4	Accounts receivable, net	47,500.	4	36,993
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
2	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
.	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
.	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	730,768.	16	1,142,532
	17	Accounts payable and accrued expenses	10071000	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20			20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,		21	
	22	key employees, highest compensated employees, and disqualified persons.			
				00	
	~~	Complete Part II of Schedule L		22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 05	Unsecured notes and loans payable to unrelated third parties		24	
1	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	120,768.	05	371 150
	~~	Schedule D	120,768.	25	<u> </u>
	26	Total liabilities. Add lines 17 through 25	120,700.	26	571,150
		Organizations that follow SFAS 117 (ASC 958), check here <b>X</b> and			
	07	complete lines 27 through 29, and lines 33 and 34.	109,460.	07	215,610
	27	Unrestricted net assets	499,540.	27	552,772
	28	Temporarily restricted net assets	1,000.	28	3,000
1	29	Permanently restricted net assets	1,000.	29	5,000
		Organizations that do not follow SFAS 117 (ASC 958), check here			
	~	and complete lines 30 through 34.			
1	30 24	Capital stock or trust principal, or current funds		30	
1	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	610 000	32	771 201
	33	Total net assets or fund balances	610,000.	33	771,382
	34	Total liabilities and net assets/fund balances	730,768.	34	1,142,532 Form <b>990</b> (20

Form 990 (2017)
Part X Balance Sheet

Form	<b>JAMESTOWN REDISCOVERY FOUNDATION</b>	XX-XXX	XXXX	Pag	<sub>ge</sub> 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,605	5,8	22.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,444				
3	Revenue less expenses. Subtract line 2 from line 1	3			82.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	610	),0	00.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				82.		
	column (B))						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <b>2</b> a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		<b>2</b> c	Χ	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		. <b>3</b> a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<b>3b</b>	000			

Form **990** (2017)

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SCHEDULE A	١
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Department of the Treasury

## **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.

OMB No. 1545-0047
2017
Open to Public

Inspection

Internali	levenue Service	Go to www.irs.go	v/Form990 for instruction	ons and th	ne latest ir	nformation.		inspection		
Name	of the organization א א ד		N REDISCOVERY FOUNDATION					Employer identification number		
Part						o instruction		X-XXXXXXX		
	ganization is not a private found						5.			
1 ne org	A church, convention of ch		•		,	I \/ A \/;\				
						I)(A)(I).				
2	A school described in <b>sec</b>					:)				
3	A hospital or a cooperative					•	VIII) Entor	the heapital's name		
4	city, and state:	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state, or local go	overnment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	An organization that norma	ally receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	oublic described in		
	section 170(b)(1)(A)(vi). (0	Complete Part II.)								
8	A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9	An agricultural research or	ganization described	in section 170(b)(1)(A)(	i <b>x)</b> operate	ed in conju	inction with a	land-grant	college		
	or university or a non-land- university:	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
10 🖸	·	ally receives: (1) more	than 33 1/3% of its sup	port from o	contributio	ns. members	hip fees. an	d gross receipts from		
	activities related to its exer									
	income and unrelated busi									
	See section 509(a)(2). (Co									
11	An organization organized		ivelv to test for public sat	etv. See	section 50	)9(a)(4).				
12	An organization organized	-	•	-			rrv out the	purposes of one or		
	more publicly supported of									
	lines 12a through 12d that									
а	Type I. A supporting org	• •			-		-	aivina		
	the supported organizati	-	-	• • • •	-		•••••			
	organization. You must									
b	Type II. A supporting or	-		ion with it	s supporte	d organizatio	n(s) by hay	ina		
-	control or management of					-		-		
	organization(s). You mus						go the capp			
с	Type III functionally inte	-		in connect	tion with a	and functiona	llv integrate	d with		
Ŭ	its supported organizatio						ny mograto	a with,		
d	Type III non-functional		· ·	-	-	•	rted organiz	ration(s)		
u	that is not functionally in									
			mplete Part IV, Sections	•		-		61633		
•	Check this box if the org	,	• •							
е						турет, туре	п, туре ш			
f	functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations									
	Provide the following informatio	•								
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other		
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)		

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

#### Schedule A (Form 990 or 990-EZ) 2017 JAMESTOWN REDISCOVERY FOUNDATION Part II

XX-XXXXXXX Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					►
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2017 (I		•	.,,		14	%
	Public support percentage from 2016					15	%
<b>1</b> 6a	33 1/3% support test - 2017. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organization	۱			►
b	33 1/3% support test - 2016. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			►
17a	10% -facts-and-circumstances test	- 2017. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check t	nis box and <b>stop</b>	here. Explain in Pa	art VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		►
b	10% -facts-and-circumstances test	- 2016. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explai	n in Part VI how the	Э
	organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a publi	icly supported orga	nization	►
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructions	s <b>&gt;</b>
					Seb	edule A (Form 990	or 000 E7) 2017

Schedule A (Form 990 or 990-EZ) 2017

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# Schedule A (Form 990 or 990-EZ) 2017 JAMESTOWN REDISCOVERY FOUNDATION 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			563,672.	1172479.	1650732.	3386883.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the organization without charge						
~				563,672.	1172479.	1650732.	3386883.
	Total. Add lines 1 through 5			505,072.	11/24/9.	1030732.	3300003.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons			98,850.	97,640.	136,256.	332,746.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the growth on line 12 for the user						0.
	amount on line 13 for the year			98,850.	97,640.	136,256.	332,746.
	Public support. (Subtract line 7c from line 6.)			50,050.	5770100	10072000	3054137.
	ction B. Total Support						00012070
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(4) = 0 + 0	(2) _0	563,672.	1172479.	1650732.	3386883.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			171.	413.	90.	674.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b			171.	413.	90.	674.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			563,843.	1172892.	1650822.	3387557.
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	x year as a sectior	n 501(c)(3) organiza	ition,
Sec	check this box and stop here	c Support Per	rentade				►
	Public support percentage for 2017 (li			column (f))		15	90.16 %
	Public support percentage from 2016					16	<u> </u>
	ction D. Computation of Inves						/0
17	Investment income percentage for 20	17 (line 10c. colur	mn (f) divided by li	ine 13. column (f))		17	.02 %
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2017. If the					3 1/3%. and line 17	
	more than 33 1/3%, check this box an						N 37
b	<b>33 1/3% support tests - 2016.</b> If the						
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20	Private foundation. If the organizatio						
	23 10-06-17		k			edule A (Form 990	
			15	5		-	-

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#### Schedule A (Form 990 or 990-EZ) 2017 JAMESTOWN REDISCOVERY FOUNDATION

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- **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 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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.
- c Did a disgualified 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- 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.)

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10b

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1

2

3a

3b

3c

4a

4b

4c

5a

5b <u>5c</u>

6

7

8

9a

9b

9c

10a

Yes No

# Schedule A (Form 990 or 990-EZ) 2017 JAMESTOWN REDISCOVERY FOUNDATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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		
b	A family member of a person described in (a) above?	11b		
с	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		
Sec	tion B. Type I Supporting Organizations			
			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			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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			
	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a b	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i> The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.	actions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2017

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	dule A (Form 990 or 990-EZ) 2017 JAMESTOWN REDISCOVERY F			XX-XXXXXXX Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Dort V(1) See instructions
•	other Type III non-functionally integrated supporting organizations must co	-		
Sect	ion 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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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## Schedule A (Form 990 or 990-EZ) 2017 JAMESTOWN REDISCOVERY FOUNDATION

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	inizations (continued)	1		
Secti	on D - Distributions			Current Year		
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes				
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8						
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
_1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017 (reason-					
	able cause required- explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2017					
a						
b	From 2013					
C	From 2014					
d	From 2015					
e	From 2016					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2017 distributable amount					
i	Carryover from 2012 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2017 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2017 distributable amount					
C	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2017, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2017. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2018. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2013					
b	Excess from 2014					
с	Excess from 2015					
d	Excess from 2016					
е	Excess from 2017					

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Schedule A	(Form 990 or 990-EZ) 2017 JAMESTOWN REDISCOVERY FOUNDATION	XX-XXXXXXX Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, S line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part IV, Section E, Interview (Section E, Interview) (Secti	ection B, lines 1 and 2; Part IV, Section C, 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 (See instructions.)	for any additional information.
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SCHEDULE D	)
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Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the	organization
-------------	--------------

Employer identification number

	JAMESTOWN REDISCOVE			XX-XXXXXXX
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	<b>(b)</b> Fur	nds 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 advisors in v	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose o	conferring	
	impermissible private benefit?	· · · · ·		Yes No
Par				
1	Purpose(s) of conservation easements held by the organization		,	
	Preservation of land for public use (e.g., recreation or e	·	orically impo	rtant land area
	Protection of natural habitat	Preservation of a cert		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conserva	ation easement on the last
-	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
	Number of conservation easements on a certified historic stru			
	Number of conservation easements included in (c) acquired a			
u				
3	listed in the National Register			during the tax
5	year	eased, extinguished, or terminated by the	organization	
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per			
5	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
U		handling of violations, and emotering cons	civation cas	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easemen	ts during the year
•	S			to during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170/r	n)(4)(B)(i)	
Ū	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
•	include, if applicable, the text of the footnote to the organizat	•		
	conservation easements.		no organizat	ion o accounting for
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Simila	r Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS		ent and hala	nce sheet works of art
Ĩ	historical treasures, or other similar assets held for public exh	<i>,,</i> 1		,
	the text of the footnote to its financial statements that describ			service, provide, in r art Alli,
h	If the organization elected, as permitted under SFAS 116 (AS		and balanco	shoot works of art historical
D	treasures, or other similar assets held for public exhibition, ec			
		ducation, or research in furtherance of pub	nic service, p	ionde the following amounts
	relating to these items:		•	¢
	(i) Revenue included on Form 990, Part VIII, line 1			\$
0		acuraa, or other similar assots for financial		\$
2	If the organization received or held works of art, historical treat the following emplete required to be reported under SEAS 1		gain, provid	e
_	the following amounts required to be reported under SFAS 1	· · ·	•	۴
	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X		<b>&gt;</b>	
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IOF FORM 990.		Schedule D (Form 990) 2017

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Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         3       Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):	No
(check all that apply):       a       Public exhibition       d       Loan or exchange programs         b       Scholarly research       e       Other	No
a       Public exhibition       d       Loan or exchange programs         b       Scholarly research       e       Other	No
b       Scholarly research       e       Other         c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21.       Yes         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         1c       1d       1e       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four ye	No
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they furthe the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be odd to raise funds rather than to be maintained as part of the organization's collection?       Yes         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Yes         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Yes         c       Beginning balance       1d       1d         d       Additions during the year       1d       1d         e       Distributions during the year       1d       1d         d       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Ima	No
4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Yes         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1e         f       Endowment Funds. Complete if the organization has been provided on Part XIII       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes         a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V         Part V       Endowment Funds. Complete if the organization an	No
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Yes         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Part V         Ia       Beginning of year balance       (a) Current year       (b) Prior year       (d) Three yea	No
to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Ves         c       Beginning balance       1         d       Additions during the year       1         e       Distributions during the year       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (b) Prior year	No
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Yes         c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       It         f       Ending balance       It       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the organization answered "Yes" on Form 990, Part IV, line 10.       Int = 0.         Ia       Beginning of year balance       Image: intermediation include an amount on Form 990, Part IV, line 10.       Image: intermediation include an amount on Form 990, Part IV, line 10.         Ia       Beginning of year balance       Ima	No
reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes         b       If "Yes," explain the arrangement in Part XIII and complete the following table:	
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1t         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (e) Four years back         b       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions <td< td=""><td></td></td<>	
on Form 990, Part X?       Yes         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d       1c         d       Additions during the year       1d       1d       1d         e       Distributions during the year       1d	
b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1c       1d         d       Additions during the year       1d       1e       1d         e       Distributions during the year       1f       1e       1f         f       Ending balance       1f       1e       1f       1e       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a Grants or scholarships	
c       Beginning balance       Amount         d       Additions during the year       1d         e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Yes         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions       Image: Contributions         e       Other expenditures for facilities and programs       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         f       Administrative expenses       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       <	
c       Beginning balance       1c       1d         d       Additions during the year       1d       1e         e       Distributions during the year       1e       1f         f       Ending balance       1f       Yes         b       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (c) Two years back       (c) Two years back         d       Grants or scholarships	
d Additions during the year       1d         e Distributions during the year       1e         f Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b Contributions	
e Distributions during the year       1e         f Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Ia Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years b         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years b         c Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years b         e Other expenditures for facilities and programs       (a) Current year       (b) Prior year       (c) Two years b       (c) Two years b         f Administrative expenses       (a) Current year       (b) Prior year       (c) Two years b       (d) Three years back       (e) Four years b         g End of year balance       (b) Prior year       (c) Two years b       (c) Two years b       (c) Two years b       (c) Two years b         f Administrative expenses       (c) Two years b       (c) Two years b	
f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back       (e) Four years back         b       Contributions	No
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?           Yes           b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.          Ia Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         c Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions       Image: Contributions         e Other expenditures for facilities       Image: Contributions       Image: Contributions       Image: Contributions         f Administrative expenses       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         g End of year balance       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         g End of year balance       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         g End of year balance       Image: Contributions       Image: Contributions       Imag	No
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (e) Four years back         d       Grants or scholarships       (c) Three years for facilities       (c) Two years back       (c) Two years back       (c) Four years back         f       Administrative expenses       (c) Two years back       (c) Two years back       (c) Four years back         g       End of year balance       (c) Two years back       (c) Two years back       (c) Four years back         g       End of year balance       (c) Two years back       (c) Two years back       (c) Two years back	INO
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (c) Two years back       (c) Four years back         d       Grants or scholarships       (c) Two years back       (c) Two years back       (c) Four years back         e       Other expenditures for facilities       (c) Two years back       (c) Two years back       (c) Four years back         f       Administrative expenses       (c) Two years back       (c) Two years back       (c) Four years back         g       End of year balance       (c) Two years back       (c) Two years back       (c) Two years back	
1aBeginning of year balance(a) Current year(b) Prior year(c) Two years back(d) Three years back(e) Four years backbContributionsImage: ContributionsImage: ContributionsImage: ContributionsImage: ContributionsImage: ContributionscNet investment earnings, gains, and lossesImage: ContributionsImage: ContributionsImage: ContributionsImage: ContributionsdGrants or scholarshipsImage: ContributionsImage: ContributionsImage: ContributionsImage: ContributionseOther expenditures for facilities and programsImage: ContributionsImage: ContributionsImage: ContributionsfAdministrative expensesImage: ContributionsImage: ContributionsImage: ContributionsgEnd of year balanceImage: ContributionsImage: ContributionsImage: Contributionsimage: ContributionsImage: ContributionsImage: ContributionsImage: ContributionsgEnd of year balanceImage: ContributionsImage: ContributionsImage: Contributions	
b       Contributions       Image: Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       I	back
b       Contributions       Image: Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       I	
c Net investment earnings, gains, and losses	
e Other expenditures for facilities and programs	
and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment 🕨%	
b Permanent endowment	
c Temporarily restricted endowment	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
<b>3a</b> Are there endowment funds not in the possession of the organization that are held and administered for the organization	
	No
(i) unrelated organizations 3a(i)	
(ii) related organizations	
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?         3b       3b	
Describe in Part XIII the intended uses of the organization's endowment funds.     Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value	;
1a Land	
b         Buildings	
d Equipment	
e Other	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	0.
Schedule D (Form 990) 2	

Schedule D (Form 990) 2017	JAMESTOWN	REDISCOVERY	FOUNDATION
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#### Part VII Investments - Other Securities.

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

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

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

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

#### Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO RELATED ORGANIZATION	371,150.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	.► 371,150.

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

Schedule D (Form 990) 2017

732053 10-09-17

	dule D (Form 990) 2017 JAMESTOWN REDISCOVERY F			Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)		
Pa				
	rt XII Reconciliation of Expenses per Audited Financial Sta	•	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	•	ses per Return.	
1		- ne 12a.	-	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	- ne 12a.	-	
1	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements	ne 12a.	-	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ne 12a.	-	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ne 12a.	-	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a           2b           2c	-	
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d		
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	1	
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2a       2b       2c       2d	1	
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a       2b       2c       2d       4a	1	
1 2 3 4 3	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a         2b         2c         2d         4a         4b	1	
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a         2b         2c         2d         4a         4b	1	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

MANAGEMENT HAS EVALUATED THE EFFECT OF GUIDANCE SURROUNDING UNCERTAIN

INCOME TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS NO

SIGNIFICANT FINANCIAL STATEMENT EXPOSURE TO UNCERTAIN INCOME TAX POSITIONS

AT JUNE 30, 2018 AND 2017. THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT

BY ANY TAX JURISDICTION.

732054 10-09-17

SCHEDU (Form 990			rants and Oth vernments, an					OMB No. 1545-0047
			ete if the organization	n answered "Yes"	on Form 990, Pa			2017
Department of Internal Reve	of the Treasury nue Service		Co to www.ir	Attach to For s.gov/Form990 fo		ation		Open to Public Inspection
	he organization		Go to www.ir	5.907/2011199010	r the latest morn			Employer identification number
		REDISCOVI	ERY FOUNDAT	ION				XX-XXXXXXX
Part I	General Information on Grants a	nd Assistance						
	es the organization maintain records t eria used to award the grants or assis		-			-		
2 Des	cribe in Part IV the organization's pro	ocedures for monito	oring the use of grant	funds in the United	States.			
Part II	Grants and Other Assistance to	Domestic Organiz	ations and Domestic	Governments. C	complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
	recipient that received more than	\$5,000. Part II can	be duplicated if addition	onal space is need		(f) Mathad of	1	
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	FION FOR THE PRESERVATION							
	NTIQUITIES - 204 WEST							SUPPORT ARCHAEOLOGICAL
	N STREET - RICHMOND, VA	F4 0FC0000	F01 ( q ) ( 2 )	050 400	0			AND EDUCATIONAL PROGRAMS
23220		54-0568800	501(C)(3)	952,490.	0.			AT HISTORIC JAMESTOWNE.
2 Ente	er total number of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table				•
	er total number of other organization							
LHA Fo	r Paperwork Reduction Act Notice	, see the Instruction	ons for Form 990.					Schedule I (Form 990) (2017)

#### 732102 11-01-17

Part III

#### JAMESTOWN REDISCOVERY FOUNDATION Schedule I (Form 990) (2017)

Part III can be duplicated if additional space is needed. (b) Number of (a) Amount of (d) Amount of non (a) Mathed of valuation (b) Description of n (a) Type of grapt or assistance stance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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

XX-XXXXXXX

34

SC	HEDULE J	Compensation Information		OMB No. 1	1545-004	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2017				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		2017				
	rtment of the Treasury	Attach to Form 990.		Open to		ic		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ide	Inspe		mhor		
man	ne of the organization	JAMESTOWN REDISCOVERY FOUNDATION	Employer ider			nper		
Pa	rt I Question	s Regarding Compensation	XX-XXX	лллл				
					Yes	No		
19	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form 99	ΩΩ		res	NO		
ia		line 1a. Complete Part III to provide any relevant information regarding these items.	50,					
	First-class or c		aluse					
	Travel for com	с						
		ation and gross-up payments Health or social club dues or initiation fees						
		pending account Personal services (such as, maid, chauffeur	r, chef)					
	,							
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	Did the organization	require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which, if an	y, of the following the filing organization used to establish the compensation of the organization	on's					
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	n to					
	establish compensa	tion of the CEO/Executive Director, but explain in Part III.						
	Compensatior	committee Written employment contract						
	Independent c	ompensation consultant Compensation survey or study						
	Form 990 of o	her organizations Approval by the board or compensation co	mmittee					
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a re			4-		x		
		e payment or change-of-control payment? eive payment from, a supplemental nonqualified retirement plan?		4a 4b		X		
		eive payment from, a supplemental honqualitied retirement plan?				X		
C		es 4a-c, list the persons and provide the applicable amounts for each item in Part III.		40		- 23		
	In res to any or in							
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1					
	contingent on the r							
а	•			5a		X		
		ation?		5b		X		
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	I					
	contingent on the n	et earnings of:						
а	The organization?			6a		X		
b	Any related organiz	ation?		6b		X		
		r 6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	not described on lir	es 5 and 6? If "Yes," describe in Part III		7		X		
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	;					
				8		X		
9		d the organization also follow the rebuttable presumption procedure described in						
	Regulations section			9				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule	J (Forn	n 990)	2017		

732111 10-17-17

Schedule J (Form 990) 2017

XX-XXXXXXX

Page **2** 

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) MR. JAMES P. HORN	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT	(ii)	167,563.	0.	0.	0.	0.	167,563.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (ii							
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	(ii) (i)							
	(i) (::)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### JAMESTOWN REDISCOVERY FOUNDATION

#### Part III Supplemental Information

Schedule J (Form 990) 2017

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047

**Open To Public** 

Inspection

ZU

Employer identification number

XX-XXXXXXX

Department of the Treasury	
Internal Revenue Service	

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

#### JAMESTOWN REDISCOVERY FOUNDATION

Par	τι	Types of Property							
			<b>(a)</b> Check if	(b) Number of	(c) Noncash contribution	<b>(d)</b> Method of de	termini	na	
			applicable	contributions or	amounts reported on	noncash contribu		•	3
1	Δrt.	Works of art		Items contributed	Form 990, Part VIII, line 1g				
2		Historical treasures							
3		Fractional interests							
4		ks and publications							
5		hing and household goods							
6		and other vehicles							
7		is and planes							
8		lectual property							
9		urities - Publicly traded	X	7	114,751.	NYSE			
10		urities - Closely held stock							
11		urities - Partnership, LLC, or							
••		interests							
12		urities - Miscellaneous							
13		lified conservation contribution -							
		oric structures							
14		lified conservation contribution - Other							
15		estate - Residential							
16		estate - Commercial							
17		estate - Other							
18		ectibles							
19		d inventory							
20		is and medical supplies							
21		dermy							
22		prical artifacts							
23		ntific specimens							
24		eological artifacts							
25		er 🕨 ()							
26	Othe	er 🕨 ()							
27	Othe	er 🕨 ()							
28	Othe	er 🕨 (							
29	Num	ber of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for v	hich the organization completed Form 828	3, Part IV, D	Donee Acknowledg	jement 29				
								Yes	No
30a	Duri	ng the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	mus	t hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for			
	exer	npt purposes for the entire holding period?					30a		<u>X</u>
b		es," describe the arrangement in Part II.							
31	Doe	s the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31		X
32a		s the organization hire or use third parties or ributions?		•	· · ·		32a		x
b	If "Y	es " describe in Part II							

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2017

732141 09-07-17

Schedule M	(Form 990) 2017		REDISCOVERY		XX-XXXXXXX	Page <b>2</b>
Part II	Supplemental is reporting in Part this part for any ac	I <b>Information.</b> P t I, column (b), the n dditional information	rovide the information re umber of contributions, i	equired by Part I, lines 30 the number of items rece	b, 32b, and 33, and whether the organiza ived, or a combination of both. Also com	ntion plete
732142 09-07-1	17				Schedule M (Form	990) 2017
				39		

09380514 759400 700321.001

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2017 Open to Public Inspection

OMB No. 1545-0047

JAMESTOWN REDISCOVERY FOUNDATION

Employer identification number XX-XXXXXX

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ARCHAEOLOGICAL RESEARCH, AND PROMOTION OF HISTORIC JAMESTOWNE, THE

ORIGINAL SITE OF THE FIRST ENGLISH SETTLEMENT IN THE AMERICAS, WHERE

THREE CULTURES--NATIVE AMERICAN, EUROPEAN, AND AFRICAN--LAID THE

FOUNDATION OF AMERICAN SOCIETY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AFRICAN--LAID THE FOUNDATION OF AMERICAN SOCIETY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WITH THE SUPPORT OF A NEH SAVING CULTURAL HERITAGE COLLECTIONS GRANT, VITAL UPGRADES HAVE BEEN MADE TO JAMESTOWN REDISCOVERY'S HVAC SYSTEMS AND ENVIRONMENTAL CONTROLS THAT SAFEGUARD COLLECTIONS IN OUR RESEARCH CENTER AND THE VOORHEES ARCHAEARIUM ARCHAEOLOGY MUSEUM. THE GRANT ALSO FUNDED A THOROUGH REORGANIZATION OF THE COLLECTION.

WITH SUPPORT OF A NEH PLANNING GRANT FOR MUSEUMS, THE JAMESTOWN REDISCOVERY TEAM HAVE DESIGNED A NEW EXHIBIT, "FROM JAMES FORT TO JAMES CITTIE: LEGACIES OF 1619," WHICH WILL OPEN IN APRIL 2019.

A REGULAR PROGRAM OF LIVING HISTORY PROGRAMS THROUGHOUT THE YEAR

EXPLORED THE LIVES OF EARLY ENGLISH SETTLERS, INCLUDING GEORGE PERCY,

SIR GEORGE YEARDLEY, AND RALPH HAMOR, SEVERAL WOMEN SETTLERS, AND

ADVENTURER AND EXPLORER ANAS TODKILL.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

09380514 759400 700321.001

DONALD W. BOGUS AND ELAINE E. BOGUS ARE SPOUSES. MARK J. ROMAN AND LORETTA

J. ROMAN ARE SPOUSES. D. MARSHALL BARRY AND PATRICIA BARRY ARE SPOUSES.

JAMES D. PENNY AND PAMELA PENNY ARE SPOUSES.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 WAS FORWARDED TO THE FINANCE COMMITTEE FOR REVIEW AND INPUT ON

DRAFT. THEN FORM 990 WAS POSTED ON BOARD REPOSITORY FOR BOARD MEMBER

REVIEW. BOARD MEMBERS WERE GIVEN 3 DAYS TO REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

IF A BOARD MEMBER HAS A CONFLICT OF INTEREST THYE ARE RECUSED FROM ANY

DECISION MAKING ON AN ISSUE FOR WHICH THEY HAVE A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE REVIEWS SALARIES BY COMPARING DATA FROM COMPARABLE ORGANIZATIONS IN COMPARABLE POSITIONS TO DETERMINE THE SALARY OF THE PRESIDENT. THE DOCUMENTATION FOR ANALYSIS IS SAVED WITH THE FORM 990 SUPPORT INFORMATION. THE TREASURER AND PRESIDENT REVIEWED SALARY AND BENEFIT SURVEY INFORMATION FROM COMPARABLE ORGANIZATIONS TO DETERMINE COMPENSATION OF ALL STAFF WHICH REVIEW WAS DISCUSSED AND DOCUMENTED AT THE FINANCE COMMITTEE OVERSEEING THE BUDGET FOR 2018. ALL STAFF HAVE AN ANNUAL REVIEW OF THEIR WORK PERFORMANCE.

FORM 990, PART VI, SECTION C, LINE 19:

THE JAMESTOWN REDISCOVERY FOUNDATION MAKES ITS GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON

**REQUEST**.

SCHEDULE	R
(Farma 000)	

#### (Form 990)

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

17

Open to Public Inspection

20

Employer identification number

XX-XXXXXXX

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### JAMESTOWN REDISCOVERY FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
	-				

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>9)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
ASSOCIATION FOR THE PRESERVATION OF VA	SUPPORT ARCHAEOLOGICAL AND						
ANTIQUITIES - 54-0568800, 204 WEST FRANKLIN	EDUCATIONAL PROGRAMS AT						
STREET, RICHMOND, VA 23220	HISTORIC JAMESTOWNE	VIRGINIA	501(C)(3)	LINE 11			Х
	-						
	-						
	-						

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

Schedule R (Form 990) 2017

#### Schedule R (Form 990) 2017 JAMESTOWN REDISCOVERY FOUNDATION

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	g Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Perc <sup>jing</sup> er?	rcentage /nership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	]											
	1											
	1											
	1											
	1											
	4											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)		0. 4000				Yes	No
									<u> </u>

#### Schedule R (Form 990) 2017 JAMESTOWN REDISCOVERY FOUNDATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
-				
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			
(6)			

Page 3

#### Schedule R (Form 990) 2017 JAMESTOWN REDISCOVERY FOUNDATION

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Dispr tion alloca	n) ropor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2017

#### JAMESTOWN REDISCOVERY FOUNDATION

#### Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2017

732165 09-11-17