

KEITER, STEPHENS, HURST, GARY & SHREAVES, PC
P.O. BOX 32066
RICHMOND, VA 23294-2066

CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION
P.O. BOX 1767
CHARLOTTESVILLE, VA 22902



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CLIENT'S COPY

KEITER, STEPHENS, HURST, GARY & SHREAVES, PC
P.O. BOX 32066
RICHMOND, VIRGINIA 23294-2066

NOVEMBER 3, 2017

CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION
P.O. BOX 1767
CHARLOTTESVILLE, VA 22902

CHARLOTTESVILLE AREA COMMUNITY FOUNDATION:

ENCLOSED ARE THE ORGANIZATION'S 2016 EXEMPT ORGANIZATION RETURNS. THE STATE EXEMPT ORGANIZATION RETURN IS ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2017.

FORM 990-T RETURN:

FORM 990-T HAS AN OVERPAYMENT OF \$1,640. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

NO AMOUNT IS DUE ON FORM 990-T.

PLEASE SIGN AND MAIL ON OR BEFORE NOVEMBER 15, 2017.

MAIL TO - DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

VIRGINIA FORM 500 RETURN:

THE VIRGINIA FORM 500 HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE VADOT, PLEASE SIGN, DATE AND RETURN VA-8879C TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE VADOT. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE VADOT.

NO PAYMENT IS REQUIRED.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE
SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

VIRGINIA R. BELCHER

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2016

Prepared for	CHARLOTTESVILLE AREA COMMUNITY FOUNDATION P.O. BOX 1767 CHARLOTTESVILLE, VA 22902
Prepared by	KEITER, STEPHENS, HURST, GARY & SHREAVES, PC P.O. BOX 32066 RICHMOND, VA 23294-2066
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2017.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning _____, 2016, and ending _____, 20____

2016

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

**CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION**

Employer identification number

54-1506312

Name and title of officer

**ANNE W. SCOTT
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>27,815,917.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KEITER, STEPHENS, HURST, GARY & SHREAVES, PC to enter my PIN 06312
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54522423060

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

623051 09-26-16

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHARLOTTEVILLE AREA COMMUNITY FOUNDATION		D Employer identification number 54-1506312
	Doing business as		E Telephone number (434) 296-1024
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 1767		G Gross receipts \$ 43,023,494.
	City or town, state or province, country, and ZIP or foreign postal code CHARLOTTEVILLE, VA 22902		
F Name and address of principal officer: ANNE W. SCOTT 114 4TH ST S.E., CHARLOTTEVILLE, VA 22902		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.CACFONLINE.ORG

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1967 **M State of legal domicile:** VA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GRANTS TO NON-PROFITS MAINLY IN CENTRAL VA & MANAGE CHARITABLE FUNDS FOR INDIVIDUALS & AGENCIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,264.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	55,281,923.	23,520,829.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,591,400.	4,149,415.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	136,697.	145,673.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,010,020.	27,815,917.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,248,960.	19,348,063.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,029,805.	1,094,085.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 250,588.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	917,990.	1,120,582.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,196,755.	21,562,730.
19 Revenue less expenses. Subtract line 18 from line 12	49,813,265.	6,253,187.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 166,660,633.	End of Year 177,421,530.
	21 Total liabilities (Part X, line 26)	17,319,311.	20,718,390.
	22 Net assets or fund balances. Subtract line 21 from line 20	149,341,322.	156,703,140.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	ANNE W. SCOTT, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name VIRGINIA R. BELCHER	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00421964
	Firm's name ▶ KEITER, STEPHENS, HURST, GARY & SHREAVES, PC	Firm's EIN ▶ 54-1631262	Phone no. (804) 747-0000		
Firm's address ▶ P.O. BOX 32066 RICHMOND, VA 23294-2066					

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

CHARLOTTESVILLE AREA COMMUNITY FOUNDATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: IMPROVE THE QUALITY OF LIFE IN CHARLOTTESVILLE AND COUNTIES OF ALBEMARLE, BUCKINGHAM, FLUVANNA, GREENE, LOUISA, NELSON, AND ORANGE & WORK WITH DONORS TO FULFILL THEIR PHILANTHROPIC INTERESTS AND CONDUCT TAX EFFICIENT CHARITABLE GIVING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,218,339. including grants of \$ 1,218,339.) (Revenue \$) THROUGH OUR DISCRETINARY GRANTS PROGRAM, WE CONTINUE TO BUILD OUR GRANTMAKING PRACTICE AND DOCUMENT OUR SUCCESS. IN 2016, OUR ENRICHING COMMUNITIES GRANTS SUPPORTED A WIDE RANGE OF LOCAL SERVICES AND ACTIVITIES, AWARDING \$435,339 TO 64 NONPROFITS. WE ALSO AWARDED TWO LARGER GRANTS. \$283,000 WAS AWARDED TO SUPPORT AUTHENTIC RESIDENT-LED COMMUNITY ENGAGEMENT FOR PUBLIC HOUSING REDEVELOPMENT. A SECOND GRANT OF \$500,000 WAS AWARDED TO REDUCE RACIAL DISPARITIES IN BIRTH OUTCOMES IN OUR REGION. IN ADDITION TO MAKING GRANTS, WE ARE RECEIVING PROGRESS DATA FROM PREVIOUS GRANTEEES WHO ARE DEMONSTRATING IMPACT THROUGH EDUCATION-TO-CAREER PATHWAYS, MAPPING FOOD INSECURITY, AND PROVIDING WRAP-AROUND SUPPORT TO LOW-INCOME JOBSEEKERS.

4b (Code:) (Expenses \$ 19,823,876. including grants of \$ 18,129,724.) (Revenue \$ 139,409.) WE FACILITATE PHILANTHROPY FOR POSITIVE CHANGE IN OUR COMMUNITY. IN 2016, WE DISTRIBUTED A TOTAL OF \$16 MILLION TO 600 NONPROFITS. GRANTS WENT TO HEALTH CARE, EDUCATION, CHILDREN'S SERVICES, ANIMAL WELFARE, ENVIRONMENT, & THE ARTS. CHARITABLE DOLLARS ALSO SUPPORTED SCHOOLS, PARKS, COMMUNITY FACILITIES & SERVICES, CAMPS, CLUBS, AND DAY CARE FOR ALL AGES.

WE ARE COMMITTED TO EXCELLENCE IN FUND MANAGEMENT. IN 2016, TOTAL ASSETS UNDER ADMINISTRATION GREW 8% FROM \$142 MILLION TO \$153 MILLION. WE ENDED THE YEAR WITH A 7.58% FIVE-YEAR AVERAGE NET INVESTMENT RETURN. WE OPENED 20 NEW FUNDS TO MANAGE 272 FUNDS FOR INDIVIDUALS AND AGENCIES. THESE FUNDS INCLUDE 33 SCHOLARSHIP FUNDS AND ENDOWMENT FUNDS

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 21,042,215.

**CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d 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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

**CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION

Form 990 (2016)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
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)?		X
4b	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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section 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 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.	17	
b	Enter the number of voting members included in line 1a, above, who are independent	17	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
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 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint 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, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
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 chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
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	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
ORGANIZATION TREASURER - (434) 296-1024
114 4TH ST S.E., CHARLOTTESVILLE, VA 22902-1767

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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 reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIC S. JOHNSON CHAIR	0.81	X		X				0.	0.	0.
(2) J. A. KESSLER, III VICE-CHAIR	0.71	X		X				0.	0.	0.
(3) KELLI E. PALMER SECRETARY	1.51	X		X				0.	0.	0.
(4) O. WHITFIELD BROOME, JR. MEMBER	0.67	X						0.	0.	0.
(5) HEATHER L. CARLTON MEMBER	0.90	X						0.	0.	0.
(6) LOUISE M. DUDLEY MEMBER	0.94	X						0.	0.	0.
(7) JAMES E. HADEN MEMBER	0.62	X						0.	0.	0.
(8) STEPHEN J. MCNAUGHTON MEMBER	0.60	X						0.	0.	0.
(9) MEGHAN R. MURRAY MEMBER	0.60	X						0.	0.	0.
(10) E. MARSHALL PRYOR, III MEMBER	0.75	X						0.	0.	0.
(11) ANTONIO T. RICE MEMBER	0.52	X						0.	0.	0.
(12) JOSEPH W. RICHMOND, JR. MEMBER	1.17	X						0.	0.	0.
(13) ANDREA ROBERTS MEMBER	0.56	X						0.	0.	0.
(14) LEONARD W. SANDRIDGE, JR. MEMBER	0.52	X						0.	0.	0.
(15) DAVID G. SUTTON MEMBER	0.62	X						0.	0.	0.
(16) RUSSELL W. TAYLOR MEMBER	0.67	X						0.	0.	0.
(17) BRUCE M. WOODZELL MEMBER	0.56	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANNE W. SCOTT PRESIDENT & CEO	40.00	X		X				268,199.	0.	1,800.
(19) JANET DORMAN TREASURER, DIRECTOR OF FINANCE	40.00			X				127,046.	0.	2,329.
(20) BRENNAN GOULD DIRECTOR OF PROGRAMS	40.00					X		105,829.	0.	0.
(21) CAMERON MOWAT DIRECTOR OF DONOR ENGAGEMENT	40.00					X		127,631.	0.	0.
1b Sub-total								628,705.	0.	4,129.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								628,705.	0.	4,129.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	23,520,829.				
	g Noncash contributions included in lines 1a-1f: \$		7,122,026.				
	h Total. Add lines 1a-1f		23,520,829.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,759,508.			1,759,508.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		17,597,484.					
		b Less: cost or other basis and sales expenses		15,207,577.			
		c Gain or (loss)		2,389,907.			
	d Net gain or (loss)		2,389,907.			2,389,907.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a FEE INCOME	900099		139,409.	139,409.			
b INCOME FROM PASSTHROUGH	900099		6,264.		6,264.		
c _____							
d All other revenue							
e Total. Add lines 11a-11d			145,673.				
12 Total revenue. See instructions.			27,815,917.	139,409.	6,264.	4,149,415.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,971,260.	18,971,260.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	376,803.	376,803.		
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, trustees, and key employees	399,374.	339,468.	47,925.	11,981.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	621,969.	466,477.	143,053.	12,439.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	7,070.	5,515.	1,414.	141.
10 Payroll taxes	65,672.	52,538.	11,821.	1,313.
11 Fees for services (non-employees):				
a Management				
b Legal	26,366.	22,411.	3,955.	
c Accounting	29,003.	21,752.	7,251.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,245.	1,908.	337.	
12 Advertising and promotion	114,168.	102,751.		11,417.
13 Office expenses	25,424.	20,076.	4,219.	1,129.
14 Information technology	9,304.	7,908.	1,396.	
15 Royalties				
16 Occupancy	86,171.	66,033.	18,238.	1,900.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	56,424.	50,305.	1,430.	4,689.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,098.	2,323.	713.	62.
23 Insurance	12,471.	10,600.	1,247.	624.
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 O.)				
a INVESTMENT FEES	515,856.	515,856.		
b FUND EXPENSES	204,893.			204,893.
c ADMINISTRATIVE EXPENSES	22,799.	8,231.	14,568.	
d TEMPORARY EMPLOYEES	12,360.	0.	12,360.	0.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	21,562,730.	21,042,215.	269,927.	250,588.
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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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	226,805.	1	430,026.
	2 Savings and temporary cash investments	16,107,234.	2	17,164,307.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	32,436.	7	32,436.
	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 90,225.		
	b Less: accumulated depreciation	10b 84,327.	10c 5,473.	5,898.
	11 Investments - publicly traded securities	106,760,041.	11	116,704,760.
	12 Investments - other securities. See Part IV, line 11	19,523,238.	12	19,817,376.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	24,005,406.	15	23,266,727.
16 Total assets. Add lines 1 through 15 (must equal line 34)	166,660,633.	16	177,421,530.	
Liabilities	17 Accounts payable and accrued expenses	50,215.	17	24,697.
	18 Grants payable	2,806,415.	18	5,931,236.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21,610.	21	10,377.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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 Schedule D	14,441,071.	25	14,752,080.
	26 Total liabilities. Add lines 17 through 25	17,319,311.	26	20,718,390.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	125,214,451.	27	133,303,346.
	28 Temporarily restricted net assets	24,066,871.	28	23,339,794.
	29 Permanently restricted net assets	60,000.	29	60,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	149,341,322.	33	156,703,140.	
34 Total liabilities and net assets/fund balances	166,660,633.	34	177,421,530.	

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Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	27,815,917.
2 Total expenses (must equal Part IX, column (A), line 25)	2	21,562,730.
3 Revenue less expenses. Subtract line 2 from line 1	3	6,253,187.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	149,341,322.
5 Net unrealized gains (losses) on investments	5	897,823.
6 Donated services and use of facilities	6	58,145.
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	152,663.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	156,703,140.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

CHARLOTTESVILLE AREA COMMUNITY

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7068463.	6174903.	7523057.	9297116.	23520829.	53584368.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7068463.	6174903.	7523057.	9297116.	23520829.	53584368.
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)						16109356.
6 Public support. Subtract line 5 from line 4.						37475012.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	7068463.	6174903.	7523057.	9297116.	23520829.	53584368.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1458128.	2374737.	1626934.	3121317.	1759508.	10340624.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	48,845.	61,709.	103,463.	419,368.	6,264.	639,649.
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						64564641.
12 Gross receipts from related activities, etc. (see instructions)					12	1,134,078.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	58.04 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	77.66 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c 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.		
11a		
11b		
11c		

Section 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.		
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.		
1		
2		

Section 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		

Section 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?		
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).		
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 supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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.	Yes	No
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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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.		
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.		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

CHARLOTTESVILLE AREA COMMUNITY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

CHARLOTTESVILLE AREA COMMUNITY

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION

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Part VI

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

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

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.**

OMB No. 1545-0047

2016

Open to Public Inspection

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization CHARLOTTEVILLE AREA COMMUNITY FOUNDATION **Employer identification number** 54-1506312

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	146	
2 Aggregate value of contributions to (during year)	22,858,210.	
3 Aggregate value of grants from (during year)	14,967,709.	
4 Aggregate value at end of year	111,468,247.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2016

**CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION**

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):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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 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 No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	60,000.	60,000.	60,000.	60,000.	60,000.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	60,000.	60,000.	60,000.	60,000.	60,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 0.00 %
- b** Permanent endowment 100.00 %
- c** Temporarily restricted endowment 0.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		90,225.	84,327.	5,898.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,898.

**CHARLOTTEVILLE AREA COMMUNITY
FOUNDATION**

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) INVESTMENT LIMITED		
(B) PARTNERSHIP	19,817,376.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	19,817,376.	

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) REAL ESTATE	7,000.
(2) BENEFICIAL INTEREST IN TRUSTS	23,259,727.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	23,266,727.

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) ANNUITY PAYABLE	4,381.
(3) AGENCY FUNDS PAYABLE	14,747,699.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	14,752,080.

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

**CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	28,924,548.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	897,823.
b	Donated services and use of facilities	2b	58,145.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	158,927.
e	Add lines 2a through 2d	2e	1,114,895.
3	Subtract line 2e from line 1	3	27,809,653.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	6,264.
c	Add lines 4a and 4b	4c	6,264.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	27,815,917.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	21,562,730.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	21,562,730.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	21,562,730.

Part XIII Supplemental Information.

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 IV, LINE 2B:

DONORS HAVE ESTABLISHED CHARITABLE LEAD TRUSTS AND CHARITABLE REMAINDER TRUSTS NAMING THE FOUNDATION AS THE BENEFICIARY. THE BENEFICIAL INTERESTS IN THE TRUSTS WERE RECORDED BASED ON THE ESTIMATED PRESENT VALUE OF THE BENEFITS WHEN THE TRUSTS WERE FUNDED OR THE FOUNDATION WAS INFORMED IT WAS THE BENEFICIARY. FOR TRUSTS NAMING THE FOUNDATION AS THE TRUSTEE, INVESTMENTS WERE REPORTED AT FAIR VALUE, AND THE ESTIMATED PRESENT VALUE OF THE LIABILITY FOR THE PAYMENTS TO THE BENEFICIARY HAS BEEN RECORDED ON THE BALANCE SHEET.

PART V, LINE 4:

ONE FUND IS PERMANENTLY RESTRICTED SO ONLY INCOME COULD BE SPENT.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE FOUNDATION FOLLOWS THE FASB GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE FINANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE FOUNDATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED "WHEN CHALLENGED" OR "WHEN EXAMINED" BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX EXPENSE AND LIABILITY IN THE CURRENT YEAR. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITION AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISION OF THIS GUIDANCE. THE FOUNDATION IS NOT CURRENTLY UNDER AUDIT BY ANY TAX JURISDICTION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE SPLIT INTEREST AGREEMENTS 158,927.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INCOME FROM PASSTHROUGH ENTITY 6,264.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2016

Open to Public
Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION**

Employer identification number
54-1506312

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
100 BLACK MEN OF CENTRAL VIRGINIA P. O. BOX 8226 CHARLOTTESVILLE, VA 22906	30-0598112	501(C)(3)	8,500.	0.			FOR THE 100 BLACK MEN SCHOLARSHIP PROGRAM. THIS IS THE 2ND INSTALLMENT OF A \$10,000 ANNUAL 3-YEAR
350.ORG 20 JAY STREET, SUITE 1010 BROOKLYN, NY 11201	26-1150699	501(C)(3)	25,000.	0.			EDUCATION
ACTION AGAINST HUNGER ONE WHITEHALL STREET SECOND FLOOR NEW YORK, NY 10004	13-3327220	501(C)(3)	10,000.	0.			GENERAL PURPOSE
ADULT COMMUNITY EDUCATION P. O. BOX 872 LOUISA, VA 23093	54-1670786	501(C)(3)	10,000.	0.			THE PART-TIME EXECUTIVE DIRECTOR POSITION TO FACILITATE ADULT EDUCATION CLASSES
AFRICAN-AMERICAN TEACHING FELLOWS P. O. BOX 5064 CHARLOTTESVILLE, VA 22905	83-0413067	501(C)(3)	23,000.	0.			SCHOLARSHIPS
ALBANY ACADEMY 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501(C)(3)	5,000.	0.			ANNUAL FUND. MRS. WALLACE C BEDELL.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2016)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBEMARLE CHARLOTTESVILLE HISTORICAL SOCIETY - 200 SECOND STREET, NE - CHARLOTTESVILLE, VA 22902-5245	54-6052638	501(C)(3)	15,000.	0.			THE RESEARCH, DEVELOPMENT, AND CREATION OF 15 EXHIBITION PANELS FOR CHARLOTTESVILLE CITY
ALBEMARLE COUNTY FAIR P.O. BOX 121 NORTH GARDEN, VA 22959	54-1201575	501(C)(3)	5,000.	0.			\$2,500 TO ENRICHMENT, \$2,500 TO EDUCATION
ALBEMARLE COUNTY PUBLIC SCHOOLS 401 MCINTIRE ROAD CHARLOTTESVILLE, VA 22902-4596	54-6001102	OTHER	31,000.	0.			THE CULTURALLY RESPONSIVE TEACHING CERTIFICATION FOR ALBEMARLE COUNTY PUBLIC SCHOOL EDUCATORS
ALBEMARLE HOUSING IMPROVEMENT PROGRAM - 2127 BERKMAR DRIVE - CHARLOTTESVILLE, VA 22901	54-1028220	509(A)(2)	146,750.	0.			UNRESTRICTED.
ALL GOD'S CHILDREN CHILD DEVELOPMENT CENTER - 900 GLENDOWER RD. - SCOTTSVILLE, VA 24590	47-3596188	501(C)(3)	31,000.	0.			GENERAL PURPOSE
ALLIANCE FOR INTERFAITH MINISTRIES (AIM) - 1025 PARK STREET - CHARLOTTESVILLE, VA 22901	52-1258674	501(C)(3)	16,000.	0.			GENERAL PURPOSE
ALZHEIMER'S ASSOCIATION CENTRAL AND WESTERN VIRGINIA CHAPTER - 1160 PEPSI PLACE, SUITE 306 - CHARLOTTESVILLE, VA 22901	13-3039601	501(C)(3)	17,328.	0.			THE DIVERSITY OUTREACH AND VOLUNTEER ENGAGEMENT PROGRAM FOR AFRICAN AMERICAN FAMILIES DEALING
AMERICAN CANCER SOCIETY 1445 E. RIO ROAD, SUITE 104 CHARLOTTESVILLE, VA 22901	13-1788491	501(C)(3)	5,649.	0.			RELAY FOR LIFE AT UVA. "CHEERS FOR CHARITY" PROGRAM
AMERICAN CHESTNUT FOUNDATION 50 NORTH MERRIMON AVE., SUITE 115 ASHEVILLE, NC 28804	41-1483019	501(C)(3)	50,250.	0.			TO SUPPORT TREES DATABASE DEVELOPMENT, EQUIPMENT AND SUPPLIES FOR MID-ATLANTIC SCIENCE

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AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD ST. 18TH FLOOR ATTN: RACHEL FISHMAN - NEW YORK, NY 10004	13-6213516	501(C)(3)	31,000.	0.			UNRESTRICTED SUPPORT
AMERICAN CIVIL LIBERTIES UNION OF NORTH CAROLINA - P.O. BOX 28004 ATTN: SARAH PRESTON - RALEIGH, NC 27611	56-1019644	501(C)(3)	25,000.	0.			SUPPORTING THE NC CHAPTER OF ACLU'S WORK DEFENDING EQUALITY AND FIGHTING HB2 IN NC
AMERICAN RED CROSS C/O MR. BILL BRENT 1105 ROSE HILL D CHARLOTTESVILLE, VA 22903	53-0196605	501(C)(3)	11,400.	0.			HOME FIRE PREPAREDNESS AND RELIEF PROJECTS
AMERICAN SHAKESPEARE CENTER 20 SOUTH NEW STREET, 4TH FLOOR STAUNTON, VA 24401	54-1487955	501(C)(3)	5,000.	0.			GENERAL. PLEASE MAKE THIS GRANT RECOMMENDATION ANONYMOUS.
APPALACHIAN VOICES 589 WEST KING ST BOONE, NC 28607	56-2049956	501(C)(3)	34,750.	0.			UNRESTRICTED SUPPORT.
ARC OF THE PIEDMONT 509 PARK ST CHARLOTTESVILLE, VA 22902	54-0740243	501(C)(3)	10,000.	0.			THE PURCHASE OF FURNITURE FOR TWENTY DISABLED CLIENTS
ART GUILD OF GREENE P.O. BOX 211 STANARDSVILLE, VA 22973	45-4593168	501(C)(3)	5,000.	0.			GENERAL OPERATIONS
ARTS CENTER OF ORANGE P. O. BOX 13 ORANGE, VA 22960	54-1840609	501(C)(3)	5,000.	0.			EXPANSION OF THE COMMUNITY OUTREACH PROGRAM TO PROVIDE ARTS PROGRAMMING
ARTS CORPS 4408 DELRIDGE WAY SW, SUITE 110 SEATTLE, WA 98106	91-2044679	501(C)(3)	100,000.	0.			GENERAL PURPOSES. THIS IS THE SECOND PAYMENT OF A THREE YEAR GRANT (\$50,000/YEAR)

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(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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATTACK ACC FOUNDATION P.O. BOX 557782 CHICAGO, IL 60655	20-8852669	501(C)(3)	10,000.	0.			IN MEMORY OF WILLIAM GUION FROM DAVE MATTHEWS BAND
BARRETT EARLY LEARNING CENTER 410 RIDGE ST. CHARLOTTESVILLE, VA 22902	54-0505867	501(C)(3)	8,000.	0.			THREE LEAD TEACHERS AND ONE ADMINISTRATOR TO COMPLETE CHILD DEVELOPMENT ASSOCIATE
BASIC ANIMAL RESCUE TRAINING (BART) - PO BOX 130967 - ST PAUL, MN 55113-0009	20-5781837	501(C)(3)	9,750.	0.			GENERAL PURPOSE
BATON ROUGE AREA ELECTRICAL JATC 13456 JEFFERSON HIGHWAY BATON ROUGE, LA 70817	72-0654958	501(C)(3)	5,000.	0.			PURCHASE OF NEW LAPTOPS FOR STUDENTS
BATON ROUGE AREA FOUNDATION 402 N. FOURTH ST. BATON ROUGE, LA 70802	72-6030391	501(C)(3)	100,000.	0.			FOR THE LA FLOOD RELIEF FUND
BEN HAIR JUST SWIM FOR LIFE FOUNDATION - 2830 WATTS PASSAGE - CHARLOTTESVILLE, VA 22911	27-3028725	501(C)(3)	17,000.	0.			UNRESTRICTED.
BERTSCHI SCHOOL 2227 TENTH AVENUE EAST SEATTLE, WA 98102	91-0975541	501(C)(3)	15,000.	0.			BRIGITTE BERTSCHI FINANCIAL AID ENDOWMENT, ON BEHALF OF STEFAN & JACLYN LESSARD
BETASAB P.O. BOX 655 MIDDLEBURY, VT 05753	26-3716963	501(C)(3)	10,000.	0.			THE BETASAB PROJECT
BIG BROTHERS BIG SISTERS OF THE CENTRAL BLUE RIDGE - 1102 CARLTON AVE. - CHARLOTTESVILLE, VA 22902	54-1108066	501(C)(3)	27,217.	0.			UNRESTRICTED.

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(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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE RIDGE AREA FOOD BANK P. O. BOX 937 VERONA, VA 24482-0937	52-1202644	501(C)(3)	133,576.	0.			UNRESTRICTED.
BLUE RIDGE HEALTH CENTER 4038 THOMAS NELSON HIGHWAY ARRINGTON, VA 22922	54-1222147	501(C)(3)	58,000.	0.			RHOP HEALTH COMPASS. EDUCATION, PREVENTIVE HEALTH SERVICES, CARE NAVIGATION AND PRIMARY
BLUE RIDGE SCHOOL INCORPORATED 273 MAYO DRIVE ST. GEORGE, VA 22935	54-0505868	501(C)(3)	6,000.	0.			GENERAL PURPOSE
BOOK BASKETS 707 CYNTHIANNA AVE. CHARLOTTESVILLE, VA 22903	54-1788905	501(C)(3)	8,100.	0.			THE PURCHASE OF BOOKS
BOYS AND GIRLS CLUB OF CENTRAL VIRGINIA EDUCATIONAL FOUNDATION - P.O. BOX 1612 - CHARLOTTESVILLE, VA 22902	46-5665300	501(C)(3)	10,000.	0.			GENERAL PURPOSE
BOYS AND GIRLS CLUBS OF CENTRAL VIRGINIA - P. O. BOX 707 - CHARLOTTESVILLE, VA 22902	54-1602004	501(C)(3)	613,050.	0.			UNRESTRICTED.
BRACKETTS FARM CHARITABLE FOUNDATION - PO BOX 236 - LOUISA, VA 23093	47-2431343	501(C)(3)	16,000.	0.			THE CHARITY GARDEN INTERN PROGRAM FOR DISADVANTAGED YOUTH
BREAD FOR THE WORLD INSTITUTE 425 3RD STREET SW SUITE 1200 WASHINGTON, DC 20024	51-0175510	501(C)(3)	10,000.	0.			GENERAL PURPOSE
BRIDGE MINISTRY P.O. BOX 2402 CHARLOTTESVILLE, VA 22902	54-1820614	501(C)(3)	11,500.	0.			THE PURCHASE OF AUTO MECHANIC TOOLS FOR THE BODY SHOP

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGEWATER COLLEGE 402 EAST COLLEGE STREET BRIDGEWATER, VA 22812	54-0506306	501(C)(3)	5,000.	0.			GENERAL PURPOSE
BUILDING GOODNESS FOUNDATION PO BOX 4325 CHARLOTTESVILLE, VA 22905	54-1956136	501(C)(3)	28,500.	0.			UNRESTRICTED.
BUSH SCHOOL 3400 EAST HARRISON STREET SEATTLE, WA 98112	91-0161095	501(C)(3)	10,000.	0.			ANNUAL FUND, SUPPORTING NEW PROGRAMS AND FINANCIAL AID.
CACF COMMUNITY ENDOWMENT P.O. BOX 1767 CHARLOTTESVILLE, VA 22902		501(C)(3)	10,000.	0.			OVERALL COMMUNITY SUPPORT.
CAHABA FOUNDATION P. O. BOX 465 SELMA, AL 36702-0465	26-1899901	501(C)(3)	20,000.	0.			GENERAL PURPOSE
CAMP ALBEMARLE, INCORPORATED 1675 4-H WAY CHARLOTTESVILLE, VA 22901	52-1330200	501(C)(3)	10,300.	0.			UPDATED EQUIPMENT AND RENOVATION OF THE CABINS
CAMP HOLIDAY TRAILS 400 CAMP HOLIDAY TRAILS LANE CHARLOTTESVILLE, VA 22903	54-0922028	501(C)(3)	26,550.	0.			THE CHARLOTTESVILLE AREA CAMPERSHIPS PROGRAM
CAMP TLC 1 GARRETT PLACE, APT. I-1 BRONXVILLE, NY 10708	22-3453810	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CENTER FOR NONPROFIT EXCELLENCE 1701-A ALLIED ST. CHARLOTTESVILLE, VA 22903	20-3412827	501(C)(3)	96,000.	0.			THE COLAB PROGRAM

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(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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL PARK CONSERVANCY 14 EAST 60TH STREET NEW YORK, NY 10022	13-3022855	501(C)(3)	25,000.	0.			PROGRAM SUPPORT.
CENTRAL VIRGINIA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN - PO BOX 4759 - CHARLOTTESVILLE, VA 22905		501(C)(3)	9,000.	0.			A THREE-DAY PROFESSIONAL DEVELOPMENT INSTITUTE FOR EARLY CHILDHOOD EDUCATORS IN CHARLOTTESVILLE IN
CHABAD OF CHARLOTTESVILLE 2014 LEWIS MOUNTAIN ROAD CHARLOTTESVILLE, VA 22903	38-3661207	501(C)(3)	25,000.	0.			SUPPORTING JEWISH STUDENTS ACTIVITIES AT UVA
CHARLEVOIX COUNTY COMMUNITY FOUNDATION - P.O BOX 718 - EAST JORDAN, MI 49727	38-3033739	501(C)(3)	5,000.	0.			BELVEDERE SCHOLARSHIP FUND
CHARLOTTESVILLE ABUNDANT LIFE MINISTRIES - P. O. BOX 71 - CHARLOTTESVILLE, VA 22902-0071	54-1858588	501(C)(3)	8,500.	0.			UNRESTRICTED.
CHARLOTTESVILLE AREA COMMUNITY FOUNDATION - PO BOX 1767 - CHARLOTTESVILLE, VA 22902	54-1506312	501(C)(3)	75,550.	0.			VISION FUND 1,500 AND UNRESTRICTED 1,500
CHARLOTTESVILLE BALLET 1885 SEMINOLE TRAIL, SUITE 203 CHARLOTTESVILLE, VA 22901	90-0545068	501(C)(3)	5,000.	0.			EXPANSION OF CHANCE TO DANCE AFTER-SCHOOL DANCE EDUCATION OUTREACH PROGRAM
CHARLOTTESVILLE CITY SCHOOLS 1562 DAIRY ROAD CHARLOTTESVILLE, VA 22903	54-6001203	501(C)(3)	223,350.	0.			WALKER ELEMENTARY SCHOOL SCHOLARSHIP FUND. IN
CHARLOTTESVILLE DAY SCHOOL 320 10TH ST., NE CHARLOTTESVILLE, VA 22902-5317	26-0496863	501(C)(3)	8,934.	0.			HONOR OF GUS AND LATANE WISE. JIM AND BETSY FERNALD.

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CHARLOTTESVILLE DEPARTMENT OF HUMAN SERVICES - 907 EAST JEFFERSON STREET - CHARLOTTESVILLE, VA 22902	54-6001202	170(C)(1)	9,250.	0.			THE FAMILY ADVOCATE PROGRAM
CHARLOTTESVILLE FREE CLINIC 1138 ROSE HILL DR., SUITE 200 CHARLOTTESVILLE, VA 22903-5128	54-1610405	509(A)(1)	220,714.	0.			UNRESTRICTED.
CHARLOTTESVILLE POLICE DEPARTMENT FOUNDATION - P. O. BOX 2631 - CHARLOTTESVILLE, VA 22902	38-3688424	501(C)(3)	13,650.	0.			TREAT A COP TO DINNER
CHARLOTTESVILLE PUBLIC HOUSING ASSOCIATION OF RESIDENTS - 1000 PRESTON AVE, SUITE C - CHARLOTTESVILLE, VA 22903	54-1923243	501(C)(3)	12,500.	0.			GENERAL PURPOSES
CHARLOTTESVILLE SYMPHONY SOCIETY P. O. BOX 4206 CHARLOTTESVILLE, VA 22905	54-1800245	501(C)(3)	6,000.	0.			GENERAL PURPOSE
CHARLOTTESVILLE TIME EXCHANGE 1719B GALLOWAY DRIVE CHARLOTTESVILLE, VA 22901	46-1561974	501(C)(3)	5,000.	0.			TWO COMMUNITY-WIDE REPAIR CAFÉ EVENTS IN FALL 2016 AND SPRING 2017
CHARLOTTESVILLE TOMORROW P.O BOX 1591 CHARLOTTESVILLE, VA 22902	20-3013557	501(C)(3)	29,100.	0.			UNRESTRICTED
CHARLOTTESVILLE-ALBEMARLE RESCUE SQUAD - 828 MCINTIRE ROAD - CHARLOTTESVILLE, VA 22902	54-0784350	501(C)(3)	7,681.	0.			GENERAL PURPOSES
CHARLOTTESVILLE-ALBEMARLE SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - P. O. BOX 7047 - CHARLOTTESVILLE, VA 22906	54-0595009	501(C)(3)	39,750.	0.			UNRESTRICTED.

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CHESAPEAKE BAY FOUNDATION 6 HERNDON AVENUE ANNAPOLIS, MD 21403	52-6065757	501(C)(3)	419,500.	0.			THE VIRGINIA WATERSHED EDUCATION PROGRAM
CHESAPEAKE CLIMATE ACTION NETWORK P.O. BOX 11138 TAKOMA PARK, MD 20913	11-3644283	501(C)(3)	50,000.	0.			GENERAL PURPOSE
CHILDREN'S ONCOLOGY GROUP FOUNDATION - C/O PAM WERTMAN 9999 HAMILTON BLVD. 5 TEK PARK - BREINIGSVILLE, PA 18031	45-3083156	501(C)(3)	5,000.	0.			SWING "FORE" CHILDREN'S CANCER AWARENESS CHARITY EVENT
CHRIST EPISCOPAL CHURCH 200 STATE STREET P.O. BOX 385 CHARLEVOIX, MI 49720		RELIGIOUS ORGANI	6,100.	0.			GENERAL PURPOSE
CHURCH OF OUR SAVIOUR 1165 E RIO ROAD CHARLOTTESVILLE, VA 22901	31-1629166	501(C)(3)	32,500.	0.			THE INSTALLATION OF CONCRETE SIDEWALKS AND THE LANDSCAPE FUND
CHURCH WORLD SERVICE 28606 PHILIPS ST. P.O. BOX 968 ELKHART, IN 46515	13-4080201	501(C)(3)	10,000.	0.			CHARLOTTESVILLE CROP FOR HUNGER WALK
CITY OF CHARLOTTESVILLE P. O. BOX 591 CHARLOTTESVILLE, VA 22902-0591		170(C)(1)	35,000.	0.			MENTAL HEALTH COALITION
CITY OF CHARLOTTESVILLE PARKS & RECREATION - P. O. BOX 911 - CHARLOTTESVILLE, VA 22902	54-6001202	170(C)(1)	15,833.	0.			SUNDAY SUNDOWNS (JUNE & JULY 2016), BELMONT IN THE PARK.
CITY SCHOOLYARD GARDEN P. O. BOX 5282 CHARLOTTESVILLE, VA 22905	27-5103914	501(C)(3)	34,600.	0.			SUPPORT OF ROOTED & CHARLOTTESVILLE HIGH SCHOOL GARDENS

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CLARK ELEMENTARY SCHOOL 1000 BELMONT AVE. CHARLOTTESVILLE, VA 22902		501(C)(3)	5,613.	0.			THANKSGIVING MEALS
COLUMBIA UNIVERSITY 622 WEST 113TH STREET MAIL CODE 452 NEW YORK, NY 10025	13-5598093	501(C)(3)	1,025,000.	0.			THE FIRST INSTALLMENT OF A 3 YEAR GRANT TO ENDOW THE "DONOVAN FAMILY PROFESSOR OF COMPUTER
COMMUNITY FOUNDATION FOR MONTEREY COUNTY - 2354 GARDEN ROAD - MONTEREY, CA 93940	94-1615897	501(C)(3)	100,000.	0.			CHIP HOOPER FOUNDATION
COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE - P.O. BOX 815 - STAUNTON, VA 24402-0815	54-1647385	501(C)(3)	7,500.	0.			THE PROJECT GROWS EDUCATIONAL FARM
COMMUNITY INVESTMENT COLLABORATIVE PO BOX 2976 CHARLOTTESVILLE, VA 22902-2976	45-4105820	501(C)(3)	20,000.	0.			THE MICROLOAN PROGRAM
COMMUNITY POWER NETWORK 3166 MT. PLEASANT ST. NW WASHINGTON, DC 20010	46-2462990	501(C)(3)	25,000.	0.			GENERAL PURPOSE
COMPUTERS4KIDS 945 SECOND STREET, SE CHARLOTTESVILLE, VA 22902	54-1996936	501(C)(3)	28,000.	0.			UNRESTRICTED.
CONGREGATION BETH ISRAEL P. O. BOX 320 CHARLOTTESVILLE, VA 22902	51-0210891	501(C)(3)	7,492.	0.			SUPPORTING ACTIVITIES AT CBI
COOPERATIVE FOR ASSISTANCE AND RELIEF - P.O. BOX 7039 - MERRIFIELD, VA 22116-9753	13-1685039	501(C)(3)	10,000.	0.			GIFT CENTER

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DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755-4400		501(C)(3)	9,250.	0.			\$5,000 TO DARTMOUTH COLLEGE FUND, \$1,500 TO FRIENDS OF DARTMOUTH LACROSSE, AND \$1,000 TO
DOGWOOD VIETNAM MEMORIAL FOUNDATION - 901 RUGBY ROAD - CHARLOTTESVILLE, VA 22903		501(C)(3)	5,000.	0.			THE VIETNAM MEMORIAL IN MCINTIRE PARK
DOGWOOD VILLAGE FOUNDATION 120 DOGWOOD LANE ORANGE, VA 22960	04-3825530	509(A)(3)	27,500.	0.			HEALING GARDEN CONSTRUCTION
DUKE UNIVERSITY ALUMNI AND DEVELOPMENT RECORDS BOX DURHAM, NC 27708-0581	56-0532129	501(C)(3)	26,250.	0.			THE ANNE RUSSELL "RUSS" ROBERTSON SCHOLARSHIP FUND, FUND CODE 6182607
DUMBARTON OAKS PARK CONSERVANCY P.O. BOX 32080 WASHINGTON, DC 20007	27-4197533	501(C)(3)	50,000.	0.			GENERAL PURPOSE
EAST RIVANNA VOLUNTEER FIRE COMPANY - 3501 STEAMER DR. - KESWICK, VA 22947	23-7034337	501(C)(4)	5,000.	0.			THE FIRE TRAINING EQUIPMENT TRAILER AND EQUIPMENT
EASTERN MENNONITE UNIVERSITY C/O JUDY LEAMAN CC104 FINANCIAL ASSISTANCE OFFICE 1200 PARK ROAD - HARRISONB	54-0575812	501(C)(3)	11,522.	0.			KEYRI SARAI LOPEZ-GODOY; STUDENT ID 670956
ELEVATE EARLY EDUCATION 12 SOUTH THIRD STREET RICHMOND, VA 23219	30-0759825	501(C)(3)	30,000.	0.			GENERAL PURPOSE
ELK HILL FARM P. O. BOX 99 GOOCHLAND, VA 23063	23-7071154	501(C)(3)	32,900.	0.			THE LITERACY FOR LIFE PROGRAM

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EMERGENCY FOOD NETWORK P. O. BOX 4373 CHARLOTTESVILLE, VA 22905	51-0137371	501(C)(3)	20,500.	0.			THE PURCHASE OF FOOD
EMMANUEL CHURCH ATTN: SANDY VON THELEN, GENERAL FUND P. O. BOX 38 - GREENWOOD, VA 22943		501(C)(3)	29,500.	0.			SUPPORTING GENERAL CHURCH OPERATING NEEDS
EMORY & HENRY COLLEGE P. O. BOX 950 EMORY, VA 24327	54-0505892	501(C)(3)	13,000.	0.			UNRESTRICTED - EMORY & HENRY FUND. ERIC AND KELLEY JOHNSON.
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501(C)(3)	5,000.	0.			GENERAL PURPOSE
EQUALITY NC P.O. BOX 28768 ATTN: MATT HIRSCHY RALEIGH, NC 27611	02-0662714	501(C)(3)	30,000.	0.			SUPPORTING ENC'S WORK TO ADVOCATE FOR RIGHTS AND JUSTICE FOR LGBT IN NC
FAMILIES LEARNING TOGETHER 14455 JAMES MADISON HWY. PALMYRA, VA 22963	46-1475678	501(C)(3)	7,000.	0.			ADULT LITERACY INSTRUCTION IN FLUVANNA COUNTY
FARMVILLE AREA HABITAT FOR HUMANITY - PO BOX 816 - FARMVILLE, VA 23901	54-1640558	501(C)(3)	10,000.	0.			PURCHASE OF A HOUSING LOT IN BUCKINGHAM COUNTY TO COMPLETE THE HABITAT COMMUNITY NEAR DILLWYN
FIRST PRESBYTERIAN CHURCH 500 PARK STREET CHARLOTTESVILLE, VA 22902		501(C)(3)	6,000.	0.			THE PASTOR'S DISCRETIONARY FUND FOR USES WITHIN ALBEMARLE COUNTY, IN HONOR OF DR.
FLUVANNA COUNTY HISTORICAL SOCIETY P.O. BOX 8 PALMYRA, VA 22963	54-1244837	501(C)(3)	5,000.	0.			FENCING AROUND THE HADEN CEMETERY AT THE PLEASANT GROVE HOUSE

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FLUVANNA MEALS ON WHEELS 105 CROFTON PLAZA, SUITE 8 PALMYRA, VA 22963	26-0185272	501(C)(3)	20,000.	0.			WEEKEND MEAL DELIVERY PROGRAM FOR HOMEBOUND RESIDENTS
FOCUSED ULTRASOUND SURGERY FOUNDATION - 1230 CEDARS COURT, SUITE F - CHARLOTTESVILLE, VA 22903	20-5744808	501(C)(3)	1,087,083.	0.			GENERAL PURPOSES. THIS IS THE SECOND INSTALLMENT OF A 3 YEAR GRANT (\$100,000 TOTAL)
FOUNDATION FIGHTING BLINDNESS P.O. BOX 17279 BALTIMORE, MD 21297	23-7135845	501(C)(3)	30,000.	0.			X-LINKED RETINOSCHISIS RESEARCH/CURE.
FOUNDATION FOR LONG ISLAND STATE PARKS - P.O.BOX 247 - BABYLON, NY 11702-0247	11-3147064	501(C)(3)	35,000.	0.			THE SPLASH PARK AT JONES BEACH IN HONOR OF RON DELESNER AND IN MEMORY OF CHIP HOOPER
FOUNDATION FOR RECOVERY 4800 ALPINE PLACE, SUITE 12 LAS VEGAS, NV 89107	20-3380211	501(C)(3)	20,000.	0.			GENERAL PURPOSE
FRACTURED ATLAS PRODUCTIONS 248 W. 35TH STREET 10TH FLOOR NEW YORK, NY 10001	11-3451703	501(C)(3)	5,250.	0.			SCHOLARSHIPS AND COMMUNITY MUSIC EVENTS THROUGH THE FOLK MUSIC PROJECT
FRIENDS OF JEFFERSON-MADISON REGIONAL LIBRARY - 1500 GORDON AVENUE - CHARLOTTESVILLE, VA 22903	54-0834830	501(C)(3)	12,450.	0.			GENERAL. PLEASE MAKE THIS GRANT RECOMMENDATION ANONYMOUS.
FRIENDS OF MOMENTUM BIKE CLUBS 225 SOUTH PLEASANTBURG DRIVE SUITE GREENVILLE, SC 29607	47-1777235	501(C)(3)	50,000.	0.			PROGRAM SUPPORT.
FRIENDS OF WINTERGREEN P.O. BOX 842 NELLYSFORD, VA 22958	47-4560564	501(C)(3)	50,000.	0.			ADVOCACY

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FRONT PORCH CVILLE 221 WATER ST. E CHARLOTTESVILLE, VA 22902	47-4040467	501(C)(3)	8,000.	0.			GENERAL PURPOSE
FUNCTIONAL APPROACH TO CHARACTER EDUCATION PROJECT - 901 PRESTON AVENUE, SUITE 201 - CHARLOTTESVILLE, VA 22903	54-2018938	501(C)(3)	5,000.	0.			THE PROJECT COORDINATOR SALARY
GALLASTAR EQUINE CENTER 722 GREENFIELD MTN. FARMS AFTON, VA 22920	31-1507741	501(C)(3)	10,000.	0.			RANGER'S REFUGE
GEORGIA'S FRIENDS PO BOX 926 CHARLOTTESVILLE, VA 22902	26-3473764	501(C)(3)	15,000.	0.			OPERATING COSTS OF THE WOMEN'S RESIDENTIAL SOBER LIVING HOUSE
GIRL SCOUTS OF VIRGINIA SKYLINE COUNCIL - 3663 PETERS CREEK RD., NW - ROANOKE, VA 24019	54-0737207	501(C)(3)	7,300.	0.			THE GIRL SCOUTS BEHIND BARS PROGRAM FOR DISADVANTAGED GIRLS WHOSE MOTHERS ARE INCARCERATED
GIRLS ON THE RUN OF CENTRAL VIRGINIA - 1713 12TH STREET - LYNCHBURG, VA 24501	26-2858200	501(C)(3)	10,000.	0.			THE 10-WEEK AFTERSCHOOL PROGRAM FOR GIRLS
GLOBAL LINKS 700 TRUMBULL DRIVE PITTSBURGH, PA 15205	52-1629060	501(C)(3)	25,000.	0.			CUBA HURRICANE RELIEF
GOOD NEWS JAIL & PRISON MINISTRY P. O. BOX 9760 RICHMOND, VA 23228	54-0703077	501(C)(3)	11,250.	0.			SUPPORT FOR CHAPLAIN MINOR'S MINISTRY IN THE ALBEMARLE/CHARLOTTESVILLE REGION.
GOSHEN BAPTIST ASSOCIATION P.O. BOX 296 MINERAL, VA 23117	54-1254731	501(C)(3)	15,000.	0.			THE IMPACTORANGE! PROGRAM TO ASSIST LOW-INCOME HOMEOWNERS WITH HOME REPAIRS

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GRACE EPISCOPAL CHURCH P. O. BOX 43 KESWICK, VA 22947		501(C)(3)	6,250.	0.			GRACE CHURCH HISTORIC FARM TOUR PATRON
GREATER CHARLOTTESVILLE AREA DEVELOPMENT CORPORATION - 209 FIFTH ST., NE - CHARLOTTESVILLE, VA 22902	51-0252306	501(C)(3)	33,000.	0.			THE 2016 SALARY AND BENEFITS FOR PEER NETWORK COORDINATOR
GREATER FORT WAYNE CAMPUS MINISTRY INC - 2101 E COLISEUM BLVD - FORT WAYNE, IN 46805	35-1452449	501(C)(3)	46,500.	0.			FUNDING FOR EXPENSES AT GATEWAY SCHOOL IN INDIA
GREENE COUNTY PUBLIC SCHOOLS P. O. BOX 1140 STANARDSVILLE, VA 22973		501(C)(3)	20,500.	0.			THE PURCHASE OF INSTRUMENTS AT WILLIAM MONROE HIGH SCHOOL
GRYMES MEMORIAL SCHOOL 13775 SPICER'S MILL ROAD ORANGE, VA 22960		501(C)(3)	25,000.	0.			CAPITAL CAMPAIGN - CONSTRUCTION (THIS IS THE 4TH PAYMENT OF A 5 YEAR GRANT)
HABITAT FOR HUMANITY OF GREATER CHARLOTTESVILLE - 919 WEST MAIN STREET - CHARLOTTESVILLE, VA 22903	91-1914868	501(C)(3)	141,893.	0.			UNRESTRICTED.
HABITAT FOR HUMANITY VIRGINIA 4224 COX ROAD SUITE 137 GLEN ALLEN, VA 23058	20-2832203	501(C)(3)	5,000.	0.			THE CRITICAL HOME REPAIR PROGRAM FOR RESIDENTS IN GREENE COUNTY
HARMONIUM C/O PATRICK WHELAN 5803 DUNRAVEN CT LOUISVILLE, KY 40222-6124	46-3718505	501(C)(3)	7,500.	0.			GENERAL PURPOSE
HEAD COUNT 104 W. 29TH STREET 11TH FLOOR NEW YORK, NY 10001	77-0626772	501(C)(3)	50,000.	0.			SUPPORT OF HEAD COUNT'S VOTER REGISTRATION EFFORTS FOR DMB SUMMER TOUR

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HOLIDAY LAKE 4-H EDUCATIONAL CENTER - 1267 4H CAMP RD. - APPOMATTOX, VA 24522	54-6003131	501(C)(3)	10,000.	0.			SUPPORT OF CAMP SCHOLARSHIPS
HOPE'S LEGACY EQUINE RESCUE CENTER 5145 TAYLOR CREEK ROAD AFTON, VA 22920	80-0273321	501(C)(3)	6,000.	0.			UNRESTRICTED
HOSPICE OF THE PIEDMONT 675 PETER JEFFERSON PARKWAY, SUITE CHARLOTTESVILLE, VA 22911	52-1205921	501(C)(3)	72,000.	0.			UNRESTRICTED. RANDY AND LISA HUFFMAN.
INDEPENDENT FEATURE PROJECT ROSALIA FILMS 1209 HAZEL STREET CHARLOTTESVILLE, VA 22902	13-3118525	501(C)(3)	15,000.	0.			BOOKS BEHIND BARS FILM
INNISFREE 5505 WALNUT LEVEL ROAD CROZET, VA 22932	23-7087873	501(C)(3)	8,979.	0.			THE RENOVATION OF PASTURE FENCE
INNOCENCE PROJECT INC. 40 WORTH STREET, SUITE 701 NEW YORK, NY 10013	32-0077563	501(C)(3)	33,333.	0.			GENERAL PURPOSES. THIS IS THE FIRST PAYMENT OF A \$100,000 GRANT PAYABLE OVER 3 YEARS. AN ANNUAL
INTERFAITH HUMANITARIAN SANCTUM PO BOX 163 PALMYRA, VA 22963	26-3985605	501(C)(3)	5,000.	0.			THE FOOD PROGRAM AT UVA HOSPITAL AND HOSPITALITY HOUSE
INTERNATIONAL NEIGHBORS 2949 RIGGORY RIDGE RD. CHARLOTTESVILLE, VA 22911	47-4084246	501(C)(3)	15,000.	0.			RENTAL OF AN OFFICE SPACE IN CHARLOTTESVILLE
INTERNATIONAL RESCUE COMMITTEE 609 EAST MARKET STREET, SUITE 104 CHARLOTTESVILLE, VA 22902	13-5660870	501(C)(3)	39,500.	0.			UNRESTRICTED.

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INTERNATIONAL RHINO FOUNDATION 201 MAIN STREET SUITE 2600 FORT WORTH, TX 76102	75-2395006	501(C)(3)	130,000.	0.			THE FOLLOWING FIVE PROGRAMS:
IVY CREEK FOUNDATION P. O. BOX 956 CHARLOTTESVILLE, VA 22902	54-1112932	501(C)(3)	19,752.	0.			THE VOICES OF NATURE PROGRAM
JAMES MADISON UNIVERSITY - WMRA-FM 983 RESERVOIR STREET HARRISONBURG, VA 22801-4350	54-6001756	501(C)(3)	10,250.	0.			UNRESTRICTED
JAMES RIVER ASSOCIATION 4833 OLD MAIN STREET RICHMOND, VA 23231-3035	51-0211913	501(C)(3)	44,000.	0.			SUPPORT OF THE 2016 JAMES RIVER EXPEDITION
JEFFERSON AREA BOARD FOR AGING 674 HILLSDALE DRIVE, SUITE 9 CHARLOTTESVILLE, VA 22901	54-0990078	501(C)(3)	162,328.	0.			WESTHAVEN NURSING CLINIC.
JEFFERSON AREA CHIP 1469 GREENBRIER PLACE CHARLOTTESVILLE, VA 22901	26-2499048	501(C)(3)	93,250.	0.			TO SUPPORT HUMAN FOOSBALL. ERIC & KELLEY JOHNSON.
JEFFERSON SCHOOL AFRICAN-AMERICAN HERITAGE CENTER - 233 4TH NW - CHARLOTTESVILLE, VA 22903	47-5411481	501(C)(3)	10,000.	0.			SUPPORT OF THE FILM, LECTURE, EXHIBITION, AND COMMUNITY, AND K-12 PROGRAMS AT THE AFRICAN
KATE'S CLUB 1190 WEST DRUID HILLS DR. NE SUITE ATLANTA, GA 30329	16-1646487	501(C)(3)	13,300.	0.			GENERAL PURPOSE
KIRCHNER IMPACT FOUNDATION C/O KATHERYN LINTON 850 SHADES CREEK PARKWAY SUITE 200 - BIRMINGHAM, AL 3520	47-2825936	501(C)(3)	50,000.	0.			GENERAL PURPOSE

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LAFAYETTE SCHOOL 103 ZION STATION ROAD TROY, VA 22974	31-1664802	501(C)(3)	5,000.	0.			THE PROJECT LINUS PROGRAM TO HELP STUDENTS MAKE QUILTS TO DONATE TO CHILDREN IN NEED
LAMBDA LEGAL DEFENSE AND EDUCATION FUND - 120 WALL STREET 19TH FLOOR ATTN: MITCH MATHIAS - NEW YORK, NY 10005	23-7395681	501(C)(3)	25,000.	0.			SUPPORTING LAMBDA'S WORK DEFENDING EQUALITY AND FIGHTING HB2 IN NC
LEGAL AID JUSTICE CENTER 1000 PRESTON AVENUE, SUITE A CHARLOTTESVILLE, VA 22903	54-0884513	501(C)(3)	32,750.	0.			UNRESTRICTED.
LEWIS AND CLARK EXPLORATORY CENTER OF VIRGINIA - P. O. BOX 281 - CHARLOTTESVILLE, VA 22902	54-2014680	501(C)(3)	35,568.	0.			THE ARTIST IN NATURE PRGRAM. FROM KARYN & BRYCE SMITH - PRANA FUND
LIGHT HOUSE STUDIO 121 EAST WATER STREET CHARLOTTESVILLE, VA 22902	54-2033510	501(C)(3)	64,500.	0.			YOUTH FILM FESTIVAL
LITERACY VOLUNTEERS OF AMERICA-CHARLOTTESVILLE/ALBEMARLE - 233 FOURTH ST., NW - CHARLOTTESVILLE, VA 22903	35-2220618	501(C)(3)	22,000.	0.			VOLUNTEER TUTOR RECRUITMENT AND RETENTION
LIVE ARTS P. O. BOX 1231 CHARLOTTESVILLE, VA 22902	54-1527799	509(A)(2)	27,550.	0.			OPERATING EXPENSES. CATHY AND JEEP NEWMAN.
LOAVES & FISHES FOOD PANTRY PO BOX 8001 CHARLOTTESVILLE, VA 22906	45-1498743	501(C)(3)	39,500.	0.			GENERAL PURPOSE
LOCAL FOOD HUB P. O. BOX 4647 CHARLOTTESVILLE, VA 22905-4647	26-4137130	501(C)(3)	51,500.	0.			UNRESTRICTED. ELVIRA AND JOE HOSKINS.

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LOUISA COUNTY DEPARTMENT OF HUMAN SERVICES - P. O. BOX 425 - LOUISA, VA 23093	54-6001397	501(C)(3)	6,100.	0.			A PROGRAM SUPPORT ASSISTANT FOR THE LOUISA REENTRY PROGRAM
LOUISA COUNTY RESOURCE COUNCIL PO BOX 52 LOUISA, VA 23093	54-1648752	501(C)(3)	40,250.	0.			THE WAREHOUSE EXPANSION AND INSTALLATION OF A LOADING DOCK
LOUISA DOWNTOWN DEVELOPMENT CORPORATION - PO BOX 2119 - LOUISA, VA 23093	54-2148881	501(C)(3)	13,000.	0.			FOUR SUMMER ARTS CAMPS FOR YOUTH IN LOUISA COUNTY
LOVE INC (IN THE NAME OF CHRIST) 198 SPOTNAP ROAD, SUITE C-1 CHARLOTTESVILLE, VA 22911	54-1529492	501(C)(3)	6,750.	0.			ORGANIZATION SUPPORT
LUPUS RESEARCH ALLIANCE 275 MADISON AVENUE 10TH FLOOR NEW YORK, NY 10016	58-2492929	501(C)(3)	10,000.	0.			LUPUS RESEARCH ALLIANC INAUGURAL GALA
MADISON HOUSE 170 RUGBY ROAD CHARLOTTESVILLE, VA 22903	54-0519591	501(C)(3)	12,750.	0.			UNRESTRICTED.
MAKE A DIFFERENCE 2020 270 SAWMILL CREEK DR. NELLYSFORD, VA 22958	01-0704666	501(C)(3)	25,000.	0.			ONGOING SUPPORT FOR ONE OF PRESIDENT OBAMA'S INITIATIVES.
MARKET CENTRAL P. O. BOX 201 CHARLOTTESVILLE, VA 22902	42-1554836	501(C)(3)	5,000.	0.			THE SNAP INCENTIVE PROGRAM
MARTHA JEFFERSON HOSPITAL FOUNDATION - 500 MARTHA JEFFERSON DRIVE - CHARLOTTESVILLE, VA 22911	30-0041113	509(A)(3) TYPE I	125,773.	0.			TO SUPPORT NURSING SCHOLARSHIPS AND NURSING EDUCATION FOR EMPLOYEES OF MARTHA JEFFERSON HOSPITAL

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MARY BALDWIN COLLEGE FINANCIAL AID OFFICE P. O. BOX 1500 STAUNTON, VA 24402	54-0506319	501(C)(3)	50,000.	0.			GENERAL OPERATING FUNDS
MARY'S PLACE SEATTLE C/O KRISTI TOLLNER P. O. BOX 1711 SEATTLE, WA 98111	27-2087950	501(C)(3)	15,000.	0.			GENERAL PURPOSE
MBOUR EDUCATIONAL FACILITIES FOUNDATION - P.O. BOX 795 - PHILMONT, NY 12565	47-1859361	501(C)(3)	50,000.	0.			PROGRAM SUPPORT.
MEALS ON WHEELS OF CHARLOTTESVILLE-ALBEMARLE - 704 ROSE HILL DRIVE - CHARLOTTESVILLE, VA 22903	54-1061454	501(C)(3)	41,478.	0.			THE PURCHASE OF MEALS FOR DISABLED, HOMEBOUND RESIDENTS
MILK AND BOOKIES 1448 15TH ST. SUITE #202 SANTA MONICA, CA 90404	26-3245228	501(C)(3)	10,000.	0.			GENERAL PURPOSES, ONGOING MISSION
MOLLY MICHIE COOPERATIVE PRESCHOOL 1901 THOMPSON ROAD CHARLOTTESVILLE, VA 22903	54-1766371	501(C)(3)	5,000.	0.			THREE STUDENT SCHOLARSHIPS
MONTANOVA STABLES FOUNDATION 5170 STONY POINT PASS KESWICK, VA 22947	27-2909218	501(C)(3)	6,000.	0.			SUMMER CAMPS FOR AT-RISK YOUTH
MONTICELLO AREA COMMUNITY ACTION AGENCY (MACAA) - 1025 PARK STREET - CHARLOTTESVILLE, VA 22901	54-0799964	501(C)(3)	82,250.	0.			PROJECT DISCOVERY. SCHOLARSHIPS FOR NELSON COUNTY HIGH SCHOOL GRADUATING SENIORS
MONTPELIER FOUNDATION JAMES MADISON'S MONTPELIER PO BOX 9 ORANGE, VA 22960	31-1620682	501(C)(3)	30,000.	0.			WAYFARING SIGNS ON MONTPELIER TRAILS

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MOTHER'S OUT FRONT 30 BOW STREET CAMBRIDGE, MA 02138	46-5758600	501(C)(3)	25,000.	0.			GENERAL PURPOSE
MUNICIPAL BAND OF CHARLOTTESVILLE 1119 5TH ST. SW SUITE B CHARLOTTESVILLE, VA 22902	54-6000058	501(C)(3)	21,000.	0.			THE 2016 FREE CONCERTS
NANCY YEARY WOMEN'S CANCER RESEARCH FOUNDATION - 351 HOSPITAL ROAD, SUITE 506 - NEWPORT BEACH, CA 92663	33-0865870	501(C)(3)	9,191.	0.			JUDY BARTON SWING FOR THE CURE GUITAR AUCTION
NATIONAL MULTIPLE SCLEROSIS SOCIETY, BLUE RIDGE CHAPTER - 4200 INNSLAKE DRIVE SUITE 301 - GLEN ALLEN, VA 23060	54-0834654	501(C)(3)	51,084.	0.			THE FINANCIAL ASSISTANCE PROGRAM FOR MS PATIENTS OF THE UNIVERSITY OF VIRGINIA MS CLINIC
NATURE CONSERVANCY 490 WESTFIELD ROAD CHARLOTTESVILLE, VA 22901	53-0242652	501(C)(3)	7,000.	0.			PIEDMONT AND CENTRAL APPALACHIANS PROJECTS
NELSON COUNTY COMMUNITY DEVELOPMENT FOUNDATION - PO BOX 57 - LOVINGSTON, VA 22949	54-1509522	509(A)(1)	16,000.	0.			GENERAL PURPOSE
NELSON COUNTY EDUCATION FOUNDATION 2305 DUTCH CREEK LANE SHIPMAN, VA 22971	54-1371868	501(C)(3)	152,000.	0.			PROGRAM SUPPORT.
NEW CITY ARTS INITIATIVE P. O. BOX 1293 CHARLOTTESVILLE, VA 22902	27-1865371	501(C)(3)	10,000.	0.			PROGRAM SUPPORT AT THE WELCOME GALLERY
NEW YORK HARBOR FOUNDATION BATTERY MARITIME BUILDING, SLIP 7 10 SOUTH STREET - NEW YORK, NY 10004	27-2918478	501(C)(3)	3,000.	0.			GENERAL PURPOSE

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NORTH BRANCH SCHOOL 221 MICKENS RD AFTON, VA 22920	52-1353816	501(C)(3)	10,000.	0.			\$4,000 DESIGNATED TO TEACHER BONUS PLAN, \$4,000 DESIGNATED TO NAOMI SCHERR SCHOLARSHIP
NORTH CAROLINA CENTRAL UNIVERSITY FOUNDATION - 1801 FAYETTEVILLE ST. 29 WILLIAM JONES BUILDING - DURHAM, NC 27707	23-7410301	501(C)(3)	20,000.	0.			LEROI H. MOORE SCHOLARSHIP FUND #20-1321 IN HONOR OF LEROI'S PARENTS
NORTH CROSS SCHOOL 4254 COLONIAL AVENUE ROANOKE, VA 24018		501(C)(3)	5,000.	0.			UNRESTRICTED.
NURSING HOMES SWING 2840 RIGGORY RIDGE RD. CHARLOTTESVILLE, VA 22911	31-1629166	501(C)(3)	5,000.	0.			BRINGING PROFESSIONAL MUSICIANS TO NURSING/ASSISTED LIVING RESIDENCES
OAR/JEFFERSON AREA COMMUNITY CORRECTIONS - 750 HARRIS STREET, SUITE 207 - CHARLOTTESVILLE, VA 22903	23-7382389	501(C)(3)	10,000.	0.			GENERAL PURPOSE
ON OUR OWN CHARLOTTESVILLE 123 4TH ST. NW CHARLOTTESVILLE, VA 22903	54-1583431	501(C)(3)	46,822.	0.			UNRESTRICTED.
ORANGE COUNTY FREE CLINIC 13296-A JAMES MADISON HWY. P.O. BOX ORANGE, VA 22960	25-1922019	501(C)(3)	18,000.	0.			GENERAL PURPOSE
ORANGE COUNTY OFFICE ON YOUTH 146 MADISON ROAD SUITE 205 ORANGE, VA 22960		501(C)(3)	7,500.	0.			A SOFTWARE PROGRAM TO DISCOURAGE TEENS FROM USING TOBACCO PRODUCTS
OXFAM AMERICA 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114	23-7069110	501(C)(3)	11,000.	0.			GENERAL PURPOSE

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PANHANDLE STATE FOUNDATION BOX 430 GOODWELL, OK 73939	73-1019001	501(C)(3)	15,000.	0.			RALPH AND CLARICE GIECK SCHOLARSHIP FUND
PARAMOUNT THEATER OF CHARLOTTESVILLE - 215 E. MAIN STREET - CHARLOTTESVILLE, VA 22902	20-1562018	501(C)(3)	33,550.	0.			UNRESTRICTED
PARTNER FOR MENTAL HEALTH 911 EAST JEFFERSON STREET CHARLOTTESVILLE, VA 22902	54-0789661	501(C)(3)	34,000.	0.			THE DEVELOPMENT OF THE COMMUNITY NAVIGATOR ROLE TO SERVE CLIENTS IN THE CRIMINAL JUSTICE SYSTEM
PASADENA COMMUNITY CHURCH 227 70TH STREET SOUTH ST. PETERSBURG, FL 33707		501(C)(3)	20,000.	0.			IN MEMORY OF IRENE HUBER
PEABODY SCHOOL 1232 STONEY RIDGE ROAD CHARLOTTESVILLE, VA 22902	54-1652357	501(C)(3)	5,072.	0.			SUPPORT OF THE PEABODY AUCTION
PEOPLE AND CONGREGATIONS ENGAGED IN MINISTRY (PACEM) - PO BOX 14 - CHARLOTTESVILLE, VA 22902	20-1434855	501(C)(3)	53,500.	0.			UNRESTRICTED.
PIEDMONT CASA 818 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-1704064	501(C)(3)	36,050.	0.			UNRESTRICTED.
PIEDMONT ENVIRONMENTAL COUNCIL PO BOX 460 WARRENTON, VA 20188	54-0935569	501(C)(3)	29,160.	0.			THE DEVELOPMENT OF THE CHARLOTTESVILLE AREA TRAIL NETWORK
PIEDMONT FAMILY YMCA 233 4TH ST., NW, SUITE Y CHARLOTTESVILLE, VA 22903	54-1717336	501(C)(3)	20,000.	0.			GENERAL PURPOSE

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PIEDMONT HOUSING ALLIANCE 682 BERKMAR CIRCLE CHARLOTTESVILLE, VA 22901	52-1361731	501(C)(3)	33,706.	0.			THE YOUTH LEADERSHIP PROGRAM AND ADVISORY COMMITTEE AT FRIENDSHIP COURT
PIEDMONT VIRGINIA COMMUNITY COLLEGE - 501 COLLEGE DRIVE - CHARLOTTESVILLE, VA 22902		501(C)(3)	203,998.	0.			TO SUPPORT THE CHARLOTTESVILLE WORKS INITIATIVE PROGRAM
PIEDMONT VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 501 COLLEGE DRIVE - CHARLOTTESVILLE, VA 22902	52-1241773	501(C)(3)	27,075.	0.			TO SUPPORT NURSING SCHOLARSHIPS AND NURSING EDUCATION AT PIEDMONT VIRGINIA COMMUNITY
PLANNED PARENTHOOD: SOUTH ATLANTIC 2964 HYDRAULIC ROAD CHARLOTTESVILLE, VA 22901	56-1282557	501(C)(3)	56,500.	0.			UNRESTRICTED.
PRESIDENTIAL PRECINCT C/O JIM MURRAY 427 PARK ST. CHARLOTTESVILLE, VA 22902	46-1084540	501(C)(3)	25,000.	0.			ONGOING SUPPORT OF PRESIDENTIAL PRECINCT AFRICAN LEADERS PROGRAM.
PRINCETON UNIVERSITY ATTN: DIANA DREYFUS 330 ALEXANDER S PRINCETON, NJ 08540	21-0634501	501(C)(3)	5,000.	0.			ANNUAL GIVING AND GENERAL PURPOSES
PROTESTANT EPISCOPAL HIGH SCHOOL 1200 NORTH QUAKER LANE ALEXANDRIA, VA 22302	54-0506326	501(C)(3)	6,000.	0.			UNRESTRICTED
PUBLIC EDUCATION FOUNDATION OF CHARLOTTESVILLE-ALBEMARLE - P. O. BOX 175 - CHARLOTTESVILLE, VA 22902	41-2158088	509(A)(2)	10,000.	0.			THE RESTORATIVE PRACTICES PROGRAM IN ALBEMARLE COUNTY PUBLIC HIGH SCHOOLS
QUICKSTART TENNIS OF CENTRAL VIRGINIA - PO BOX 422 - IVY, VA 22945	27-0913035	501(C)(3)	7,200.	0.			THE GO BANANAS FOR QUICKSTART! CAMPAIGN

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READYKIDS 1000 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0546000	501(C)(3)	185,700.	0.			YOUTH LEADERSHIP INITIATIVES
REGION TEN COMMUNITY SERVICES BOARD - ADMINISTRATIVE OFFICES 502 OLD LYNCHBURG RD. - CHARLOTTESVILLE, VA 22902	54-1625290	501(C)(3)	600,000.	0.			WOMEN'S TREATMENT CENTER.
REINVENTED LAB 9 ELLIEWOOD AVE CHARLOTTESVILLE, VA 22903	81-2494693	501(C)(3)	5,000.	0.			GENERAL OPERATIONS
RENAISSANCE SCHOOL 418 E. JEFFERSON ST. CHARLOTTESVILLE, VA 22902	54-1999666	501(C)(3)	5,000.	0.			FINANCIAL ASSISTANCE FOR LOW-INCOME STUDENTS
REPRESENT.US EDUCATION FUND P. O. BOX 60008 FLORENCE, MA 01062	26-3088283	501(C)(3)	6,000.	0.			GENERAL PURPOSE
RICHARDS, OLIVIA 273 LAKE DRIVE RUCKERSVILLE, VA 22968	232-41-9008	#N/A	7,500.	0.			CHILD CARE
RICHMOND BALLET ATTN: DEVELOPMENT 407 EAST CANAL ST RICHMOND, VA 23219	54-6049848	501(C)(3)	12,000.	0.			THE MINDS IN MOTION EDUCATION PROGRAM
RIVANNA CONSERVATION ALLIANCE PO BOX 1503 CHARLOTTESVILLE, VA 22902	52-0194008	501(C)(3)	10,300.	0.			RIVANNA RIVER WATER QUALITY MONITORING PROGRAMS
RIVES C. MINOR AND ASALIE M. PRESTON EDUCATIONAL FOUNDATION - P.O. BOX 274 - CHARLOTTESVILLE, VA 22902	52-1279007	501(C)(3)	6,000.	0.			GENERAL PURPOSE

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ROBERT FORD HAITIAN ORPHANAGE & SCHOOL FOUNDATION - 3522 RED HILL RD - CHARLOTTESVILLE, VA 22903	54-2095144	501(C)(3)	16,000.	0.			THE HOSPITAL
ROCKFISH WILDLIFE SANCTUARY PO BOX 3 CHARLOTTESVILLE, VA 22902	51-0498181	501(C)(3)	46,250.	0.			RABIES VACCINATIONS FOR NEW STAFF AND VOLUNTEERS
RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN STREET CHICAGO, IL 60612	36-2174823	501(C)(3)	7,350.	0.			DR. LIPTAY'S LUNG RESEARCH PROGRAM. CONTRIBUTION IN MEMORY OF MARILOU VON FERSTEL
RX DRUG ACCESS PARTNERSHIP 2924 EMERYWOOD PARKWAY, SUITE 300 RICHMOND, VA 23294	57-1186937	501(C)(3)	10,000.	0.			MEDICATION DONATIONS TO THE CHARLOTTESVILLE FREE CLINIC
SALEM BAPTIST CHURCH 1701 CARDWELL ROAD CROZIER, VA 23039	54-1028214	501(C)(3)	12,982.	0.			GENERAL PURPOSE
SALVATION ARMY P. O. BOX 296 CHARLOTTESVILLE, VA 22902	13-5562351	501(C)(3)	79,700.	0.			INSTRUMENTS FOR THE WEEKLY YOUTH PERFORMING ARTS PROGRAM
SCOTTSVILLE SENIOR CENTER C/O GLADYS BANTON 715 HUMMINGBIRD R SCOTTSVILLE, VA 24590	54-0990078	501(C)(3)	6,000.	0.			GENERAL PURPOSE
SEATTLE JAZZED 3201 E. REPUBLICAN ST. SEATTLE, WA 98112	27-1440873	501(C)(3)	5,000.	0.			GENERAL PURPOSE
SEATTLE MUSIC PARTNERS C/O SCOTT GELBAND 4533 SUNNYSIDE AV SEATTLE, WA 98103	20-8258002	501(C)(3)	10,000.	0.			GENERAL PURPOSE

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SECOND STREET GALLERY 115 2ND STREET SE CHARLOTTESVILLE, VA 22902	23-7236126	501(C)(3)	31,000.	0.			THE YOUTH OUTREACH PROGRAM FOR THE 2016-2017 SEASON
SENIOR CENTER 1180 PEPSI PLACE CHARLOTTESVILLE, VA 22901	54-0735666	501(C)(3)	79,658.	0.			THE PRESIDENT'S DISCRETIONARY FUND, IN HONOR OF PETER THOMPSON
SERVICE DOGS BY WARREN RETRIEVERS P O BOX 647 MADISON, VA 22727	27-3778997	501(C)(3)	5,000.	0.			GENERAL OPERATIONS FOR THE PARTNERSHIP WITH THE VIRGINIA INSTITUTE OF AUTISM
SERVICE DOGS OF VIRGINIA P. O. BOX 408 CHARLOTTESVILLE, VA 22902	54-1962908	501(C)(3)	7,750.	0.			UNRESTRICTED.
SEXUAL ASSAULT RESOURCE AGENCY 335 GREENBRIAR DR., SUITE 102 CHARLOTTESVILLE, VA 22901	54-1118534	501(C)(3)	32,750.	0.			UNRESTRICTED.
SHELTER FOR HELP IN EMERGENCY PO BOX 1013 CHARLOTTESVILLE, VA 22902	54-1082222	501(C)(3)	40,050.	0.			UNRESTRICTED.
SHENANDOAH NATIONAL PARK TRUST 404 EIGHTH ST, NE, SUITE D CHARLOTTESVILLE, VA 22902	20-8685310	501(C)(3)	21,500.	0.			TRAIL MAINTENANCE. RANDY AND LISA HUFFMAN.
SHENANDOAH VALLEY EDUCATIONAL TELEVISION CORP - WVPT PUBLIC TELEVISION - 847 MLK JR. WAY - HARRISONBURG, VA 22801	54-0785147	501(C)(3)	10,000.	0.			GENERAL PURPOSE
SIERRA CLUB FOUNDATION 2101 WEBSTER ST. SUITE 1250 OAKLAND, CA 94612	94-6069890	501(C)(3)	25,000.	0.			VIRGINIA CHAPTER OF THE SIERRA CLUB

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SIN BARRERAS/ WITHOUT BORDERS P.O. BOX 6433 CHARLOTTESVILLE, VA 22906	46-1040727	501(C)(3)	10,000.	0.			SALARY OF A FULL-TIME STAFF MEMBER
SORENSEN INSTITUTE FOR POLITICAL LEADERSHIP AT THE UNIVERSITY OF VIRGINIA - PO BOX 400206 - CHARLOTTESVILLE, VA 22904-4206	54-6001796	501(C)(3)	8,000.	0.			RECRUITMENT AND SUPPORT OF LOW-INCOME STUDENTS TO PARTICIPATE IN A TWO WEEK LEADERSHIP DEVELOPMENT
SOUTH PLAINS PRESBYTERIAN CHURCH P. O. BOX 277 KESWICK, VA 22947		501(C)(3)	12,500.	0.			GENERAL PURPOSES ***ASK ABOUT RENEWING EVERY YEAR***
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN ST., SUITE 14 CHARLOTTESVILLE, VA 22902-5065	52-1436778	509(A)(1)	120,050.	0.			UNRESTRICTED. JOE AND ELVIRA HOSKINS.
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	5,000.	0.			GENERAL. PLEASE MAKE THIS GRANT RECOMMENDATION ANONYMOUS.
SPAY/NEUTER ALL PETS P. O. BOX 1277 LOUISA, VA 23093	54-1837089	501(C)(3)	12,500.	0.			SPAY AND NEUTER SERVICES FOR PETS OF LOW-INCOME LOUISA RESIDENTS
SPECIAL OLYMPICS - VIRGINIA 3212 SKIPWITH ROAD, SUITE 100 RICHMOND, VA 23294	54-1013637	501(C)(3)	13,000.	0.			THE 2017 XPERIENCE TENNIS TOURNAMENT
ST. JOHN FAMILY LIFE & FITNESS CENTER - P. O. BOX 321 - GORDONSVILLE, VA 22942	45-2094028	501(C)(3)	10,000.	0.			SUPPORT MATCHING DONATION CAMPAIGN UP TO \$10,000.
ST. LUKE'S EPISCOPAL CHURCH, SIMEON - P. O. BOX 694 - CHARLOTTESVILLE, VA 22902		501(C)(3)	8,000.	0.			GENERAL PURPOSE

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ST. PAUL'S IVY EPISCOPAL CHURCH PO BOX 37 IVY, VA 22945		501(C)(3)	6,000.	0.			GENERAL PURPOSE. JANE E. AND DENNIS B. SIGLOH
ST. PAUL'S MEMORIAL CHURCH 1700 UNIVERSITY AVENUE CHARLOTTESVILLE, VA 22903		501(C)(3)	43,300.	0.			GENERAL PURPOSE
ST. THOMAS AQUINAS CATHOLIC CHURCH C/O FR. JOSEPH BARRANGER 401 ALDERMAN ROAD - CHARLOTTESVILLE, VA 22903		501(C)(3)	10,500.	0.			UNRESTRICTED.
STANLEY M. ISAACS NEIGHBORHOOD CENTER - 415 EAST 93RD STREET - NEW YORK, NY 10128-6904	13-2572034	501(C)(3)	25,000.	0.			PROGRAM SUPPORT.
STATUE OF LIBERTY ELLIS ISLAND FOUNDATION - 101 PARK AVENUE SUITE 1205 - NEW YORK, NY 10178	13-3118415	501(C)(3)	1,000,000.	0.			GENERAL PURPOSE
STONEWALL JACKSON AREA COUNCIL BOY SCOUTS OF AMERICA - 801 HOPEMAN PARKWAY - WAYNESBORO, VA 22980	22-1576300	501(C)(3)	5,800.	0.			GENERAL PURPOSE
SWEET BRIAR COLLEGE DEVELOPMENT OFFICE P. O. BOX 1057 SWEET BRIAR, VA 24595	54-0534105	501(C)(3)	77,000.	0.			GENERAL PURPOSES ON BEHALF OF ASHLEY HARPER AND DAVID MATTHEWS AS A FOLLOW UP TO THE \$25,000
TANDEM FRIENDS SCHOOL 279 TANDEM LANE CHARLOTTESVILLE, VA 22902	23-7063914	501(C)(3)	12,400.	0.			TANDEM FRIENDS FUND - IN HONOR OF LARRY GOLDSTEIN
THE AMERICAN FRIENDS OF WINCHESTER COLLEGE - 228 PARK AVENUE SOUTH #37070 - NEW YORK, NY 10003	31-1706064	501(C)(3)	1,450,000.	0.			GENERAL PURPOSE

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BRIDGE LINE P. O. BOX 7292 CHARLOTTESVILLE, VA 22906	59-3829222	501(C)(3)	8,000.	0.			AN ART THERAPY PROGRAM AND TO PROVIDE SUPPLIES TO ADULTS WITH BRAIN INJURIES
THE BRIDGE PAI P. O. BOX 239 CHARLOTTESVILLE, VA 22902	20-5528367	501(C)(3)	44,518.	0.			UNRESTRICTED. ELVIRA AND JOE HOSKINS.
THE DOE FUND 232 EAST 84TH STREET NEW YORK, NY 10028	13-3412540	501(C)(3)	25,000.	0.			PROGRAM SUPPORT.
THE HAVEN AT FIRST & MARKET 112 W. MARKET STREET CHARLOTTESVILLE, VA 22902	47-1841856	501(C)(3)	40,352.	0.			IN HONOR OF TOMMY AND SARAH EVERETT
THE JOHN BESH FOUNDATION C/O LOLA THOMAS 426 GRAVIER NEW ORLEANS, LA 70130	27-4186342	501(C)(3)	5,000.	0.			GENERAL PURPOSES
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5913090	501(C)(3)	301,479.	0.			UNRESTRICTED.
THELONIOUS MONK INSTITUTE OF JAZZ 5225 WISCONSIN AVENUE STE 605 WASHINGTON, DC 20015-2024	52-1544030	501(C)(3)	50,000.	0.			GENERAL PURPOSE
THERAPEUTIC ADVENTURES P.O. BOX 4668 CHARLOTTESVILLE, VA 22905	54-1779203	501(C)(3)	6,000.	0.			THE LEADERSHIP DEVELOPMENT CURRICULUM
THOMAS JEFFERSON AREA COALITION FOR THE HOMELESS - 112 WEST MARKET STREET - CHARLOTTESVILLE, VA 22902	26-4577927	501(C)(3)	46,000.	0.			SUPPORT OF THE SOAR POSITION

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TIME OUT YOUTH 2320 - A NORTH DAVIDSON STREET ATTN: RODNEY TUCKER - CHARLOTTE, NC 28205	56-1755564	501(C)(3)	30,000.	0.			SUPPORTING TIME OUT YOUTH'S EXPANSIONS TO SUPPORT MORE LGBTQ TEENS IN THE CHARLOTTE AREA
TOM TOM FOUNDATION 660 HUNTERS PLACE SUITE 101 CHARLOTTESVILLE, VA 22911	46-2048771	501(C)(3)	17,250.	0.			TOM TOM FESTIVAL ART PROGRAM
TRINITY EPISCOPAL CHURCH 1118 PRESTON AVENUE CHARLOTTESVILLE, VA 22903		501(C)(3)	135,500.	0.			THE PLAYGROUND AND IMPROVEMENT TO THE OUTDOOR WORSHIP AREA
TUESDAY EVENING CONCERT SERIES 108 FIFTH STREET SE SUITE 208 CHARLOTTESVILLE, VA 22902	23-7312817	501(C)(3)	8,000.	0.			THE LES VIOLONS DU ROY ORCHESTRA CONCERT SERIES IN APRIL 2018
UNITED SOUND 2826 E. CAMPBELL RD. ATTN: JULIE DU GILBERT, AZ 85234	47-1534338	501(C)(3)	5,000.	0.			GENERAL PURPOSE
UNITED WAY-THOMAS JEFFERSON AREA 806 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0505882	501(C)(3)	138,811.	0.			UNRESTRICTED.
UNITY IN COMMUNITY OUTREACH MINISTRY - P.O. BOX 55 - ROSELAND, VA 22967	41-2260416	501(C)(3)	16,500.	0.			FINANCIAL ASSISTANCE TO NELSON COUNTY RESIDENTS
UNIVERSITY COOPERATIVE SCHOOL 5601 UNIVERSITY WAY, NE SEATTLE, WA 98105	23-7299531	501(C)(3)	20,000.	0.			EXPANSION AND RENOVATION OF DOWNSTAIRS PLAY SPACE (4TH INSTALLMENT OF A 5 YEAR GRANT, \$20,000/YR)
UNIVERSITY DISTRICT FOOD BANK C/O PAUL YUNKER 4731 15TH AVENUE NE SEATTLE, WA 98105	91-1224834	501(C)(3)	15,000.	0.			CAPITAL CAMPAIGN

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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UNIVERSITY OF CHICAGO 5801 S. ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	25,000.	0.			ANNUAL GIFT.
UNIVERSITY OF OKLAHOMA FOUNDATION 100 TIMBERDELL RD NORMAN, OK 73019-0685		501(C)(3)	6,300.	0.			PHYSICAL THERAPY DEPT FUND
UNIVERSITY OF VIRGINIA COLLEGE OF ARTS & SCIENCES P. O. BOX 400801 - CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	46,250.	0.			THE COLLEGE FUND. ELVIRA TATE HOSKINS.
UNIVERSITY OF VIRGINIA ATHLETICS FOUNDATION - PO BOX 400833 - CHARLOTTESVILLE, VA 22904	54-0517188	501(C)(3)	11,700.	0.			LIFE SKILLS SCHOLARSHIP
UNIVERSITY OF VIRGINIA CURRY SCHOOL OF EDUCATION FOUNDATION - OFFICE OF DEVELOPMENT P. O. BOX 400276 - CHARLOTTESVILLE, VA 22904	51-0201344	501(C)(3)	5,270.	0.			JOE GIECK CHAIR
UNIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION - PO BOX 6550 - CHARLOTTESVILLE, VA 22906	54-6046419	501(C)(3)	11,750.	0.			GENERAL PURPOSE
UNIVERSITY OF VIRGINIA FILM FESTIVAL - PO BOX 400869 - CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	10,000.	0.			THE YOUNG FILMMAKERS ACADEMY
UNIVERSITY OF VIRGINIA FUND PO BOX 400314 CHARLOTTESVILLE, VA 22904	54-0485595	501(C)(3)	16,625.	0.			UVA CHILDREN'S HOSPITAL, PEDIATRIC FLOORS 4,5 & 6 BATTLE BUILDING - DISCRETIONARY USE
UNIVERSITY OF VIRGINIA HEALTH FOUNDATION - P.O. BOX 800773 - CHARLOTTESVILLE, VA 22908	41-2097394	501(C)(3)	165,559.	0.			THE UVA CANCER CENTER ON BEHALF OF THE DAVID BOWIE TRIBUTE CONCERT AT THE JEFFERSON THEATER

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UNIVERSITY OF VIRGINIA INFECTIOUS DISEASE CLINIC - P. O. BOX 800545 - CHARLOTTESVILLE, VA 22908-0545	54-6001796	501(C)(3)	6,000.	0.			THE HIV/AIDS FAMILY CAMP AT CAMP HOLIDAY TRAILS
UNIVERSITY OF VIRGINIA MILLER CENTER FOUNDATION - PO BOX 400807 - CHARLOTTESVILLE, VA 22904-4807	54-1420895	501(C)(3)	11,250.	0.			GENERAL PURPOSE
UNIVERSITY OF VIRGINIA NURSING SCHOOL - CLAUDE MOORE NURSING EDUCATION BUIDLING P. O. BOX 800826 - CHARLOTTESVILLE, VA		501(C)(3)	20,500.	0.			SCHOLARSHIPS FOR UVA UNDERGRADUATE NURSING STUDENTS WITH FINANCIAL NEEDS AND THOSE HAVING A
UNIVERSITY OF VIRGINIA OFFICE OF SPONSORED PROGRAMS - P. O. BOX 400195 - CHARLOTTESVILLE, VA 22904-4195	54-6001796	509(A)(1)	88,000.	0.			A SURVEY TO UNDERSTAND AND MAP FOOD INSECURITY IN LOUISA COUNTY
UNIVERSITY OF VIRGINIA RECTOR AND VISITORS - P. O. BOX 400807 - CHARLOTTESVILLE, VA 22904-4807	54-6001796	501(C)(3)	52,000.	0.			THE SALARY OF A COLLEGE ADVISOR
UNIVERSITY OF VIRGINIA STUDENT PAYMENT PROCESSING - ATTN: SCHOLARSHIPS P. O. BOX 400204 - CHARLOTTESVILLE, VA 22904		501(C)(3)	5,000.	0.			A SCHOLARSHIP FOR RANA ABDEL-RAHMAN, STUDENT ID 225063989, DOB 3/14/98
UPAYA ZEN CENTER 1404 CERRO GORDO ROAD SANTA FE, NM 87501	85-0402649	501(C)(3)	144,000.	0.			SUPPORT OF THE WORK OF ROSHI JOAN HALIFAX
VICTORY HALL OPERA P. O. BOX 72 CHARLOTTESVILLE, VA 22903	47-4728172	501(C)(3)	10,000.	0.			THE STAGED PERFORMANCE OF SOMEONE YOUNGER BY RICHARD STRAUSS
VILLAGE SCHOOL 215 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-1745508	501(C)(3)	22,214.	0.			UNRESTRICTED. ELVIRA AND JOE HOSKINS.

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VIRGINIA CENTER FOR THE CREATIVE ARTS - 154 SAN ANGELO DRIVE - AMHERST, VA 24521	23-7136000	501(C)(3)	11,000.	0.			RESIDENCIES FOR LOCAL WRITERS, VISUAL ARTISTS, AND COMPOSERS FROM THE CHARLOTTESVILLE AREA
VIRGINIA COLLEGE ADVISING CORPS PO BOX 400889 UNIVERSITY OF VIRGINIA - CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	10,000.	0.			COLLEGE ADVISOR PLACEMENT AT NELSON COUNTY HIGH SCHOOL
VIRGINIA CONSORT 1658 BRANDYWINE DRIVE CHARLOTTESVILLE, VA 22901	54-1562982	509(A)(2)	15,000.	0.			TO SUPPORT THE VIRGINIA CONSORT CHORAL ACADEMY.
VIRGINIA DEPARTMENT OF FORESTRY 900 NATURAL RESOURCES DRIVE SUITE 8 CHARLOTTESVILLE, VA 22903		501(C)(3)	6,400.	0.			SUPPORT OF YOUTH FORESTRY EDUCATIONAL OPPORTUNITIES, FORESTRY FIELD DAY FOR ADULTS,
VIRGINIA DISCOVERY MUSEUM PO BOX 1128 CHARLOTTESVILLE, VA 22902	54-1189268	501(C)(3)	30,250.	0.			SAR LAB PLANETARIUM PROGRAM. FROM KARYN & BRYCE SMITH - PRANA FUND
VIRGINIA FOUNDATION FOR THE HUMANITIES AND PUBLIC POLICY - 145 EDNAM DRIVE - CHARLOTTESVILLE, VA 22903	54-1435523	501(C)(3)	15,500.	0.			VIRGINIA FESTIVAL OF THE BOOK. TO SUPPORT THE PARTICIPATION OF ASHLEY CHRISTENSEN SUPPORTING
VIRGINIA HORSE CENTER FOUNDATION 487 MAURY RIVER RD. LEXINGTON, VA 24450-3374	52-1388640	501(C)(3)	8,000.	0.			SUPPORT EQUINE OPERATION. JEFF AND JANET STERBA.
VIRGINIA INSTITUTE OF AUTISM 943 GLENWOOD STATION LANE SUITE 201 CHARLOTTESVILLE, VA 22901	54-1815297	501(C)(3)	74,032.	0.			UNRESTRICTED.
VIRGINIA ORGANIZING 703 CONCORD AVENUE CHARLOTTESVILLE, VA 22903	54-1674992	501(C)(3)	104,360.	0.			UACC, GENERAL PURPOSE

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VIRGINIA SUPPORTIVE HOUSING P. O. BOX 8585 RICHMOND, VA 23226	54-1444564	501(C)(3)	25,000.	0.			SUPPORT SERVICES FOR RESIDENTS OF THE CROSSINGS AT FOURTH AND PRESTON
VIRGINIA UNION UNIVERSITY 1500 N. LOMBARDY STREET RICHMOND, VA 23220	54-0524516	501(C)(3)	17,500.	0.			SUPPORTING THE PRODUCTION OF A CATALOG FOR THE THORNTON DIAL ART EXHIBIT
VIRGINIA WILDERNESS COMMITTEE P.O. BOX 1235 LEXINGTON, VA 24450	31-1641293	501(C)(3)	5,000.	0.			LANDSCAPING AND RESTORATION PROJECTS IN THE GEORGE WASHINGTON NATIONAL FOREST
VOICES FOR ANIMALS P. O. BOX 4466 CHARLOTTESVILLE, VA 22905	54-1418303	501(C)(3)	15,500.	0.			THE HOWS PROJECT.
VOICES FOR VIRGINIA'S CHILDREN 701 E. FRANKLIN STREET, SUITE 807 RICHMOND, VA 23219	54-1726265	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
WELLESLEY COLLEGE OFFICE OF DEVELOPMENT SERVICES 106 CENTRAL STREET - WELLESLEY, MA 02481-8203	04-2103637	501(C)(3)	6,200.	0.			\$5,000 FOR GENERAL PURPOSE AND \$200 TO EACH OF THE FOLLOWING: STUDENT AID, RELIGIOUS STUDIES,
WESTERN ALBEMARLE RESCUE SQUAD PO BOX 188 CROZET, VA 22932	54-1073191	501(C)(3)	6,750.	0.			GENERAL PURPOSE
WESTMINSTER PRESBYTERIAN CHURCH 400 RUGBY ROAD CHARLOTTESVILLE, VA 22903		501(C)(3)	5,000.	0.			GENERAL PURPOSE
WESTMINSTER-CANTERBURY OF THE BLUE RIDGE FOUNDATION - 250 PANTOPS MOUNTAIN RD. - CHARLOTTESVILLE, VA 22911	54-1882970	501(C)(3)	38,500.	0.			IN MEMORY OF JOHN MCCOID, WILLIAM BECK AND JOHN GORDON AND TO HONOR RICHARD LALLEY

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WHTJ/COMMONWEALTH PUBLIC BROADCASTING CORP - 23 SESAME STREET - RICHMOND, VA 23235	54-0735782	501(C)(3)	11,000.	0.			READING READINESS
WILD VIRGINIA INC. P. O. BOX 1065 CHARLOTTESVILLE, VA 22902	54-1841861	501(C)(3)	11,503.	0.			THE OUTINGS AND EDUCATION PROGRAM
WILDLIFE CENTER OF VIRGINIA PO BOX 1557 WAYNESBORO, VA 22980	54-1215402	501(C)(3)	15,000.	0.			VETERINARY CARE OF RESCUED OR INJURED WILDLIFE
WILDROCK 2521 SUMMIT RIDGE TRAIL CHARLOTTESVILLE, VA 22911	47-5279299	501(C)(3)	11,500.	0.			THE ON SOLID GROUND PROGRAM TO PROVIDE NATURE-BASED RETREATS TO REFUGEE FAMILIES
WINTERGREEN ADAPTIVE SPORTS P. O. BOX 4334 CHARLOTTESVILLE, VA 22905	54-1818204	501(C)(3)	18,140.	0.			WINTERGREEN ADAPTIVE SKI
WINTERGREEN NATURE FOUNDATION RT. 1, BOX 770 ROSELAND, VA 22967	54-1689828	509(A)(2)	61,100.	0.			TWNF ENVIRONMENTAL EDUCATIONAL OUTREACH - TO NELSON COUNTY SCHOOL CHILDREN & TEACHERS
WINTERGREEN PERFORMING ARTS PO BOX 816 WINTERGREEN, VA 22958	54-1828449	501(C)(3)	6,000.	0.			A 4-DAY ARTISTIC AND EDUCATION RESIDENCY WITH JOSEPH CONYERS
WORLD PEDIATRIC PROJECT 7201 GLEN FOREST DRIVE, SUITE 304 RICHMOND, VA 23226	54-1953305	501(C)(3)	30,000.	0.			FUNDING MEDICAL MISSIONS.
WRITERHOUSE P. O. BOX 222 CHARLOTTESVILLE, VA 22902	26-2082047	501(C)(3)	10,000.	0.			GENERAL PURPOSE

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WTJU/UNIVERSITY OF VIRGINIA LAMBETH COMMONS, 2ND FLOOR P. O. BOX 400811 - CHARLOTTESVILLE, VA 22904		501(C)(3)	18,000.	0.			GENERAL PURPOSE
WVTF PUBLIC RADIO PO BOX 2737 ROANOKE, VA 24001-2737		501(C)(3)	23,000.	0.			NEW EQUIPMENT.
YALE UNIVERSITY THE YALE ALUMNI FUND P. O. BOX 803 NEW HAVEN, CT 06503-0803	06-0646973	501(C)(3)	5,000.	0.			CLASS OF 1987 GIFT--FINANCIAL AID
YOUTH DEVELOPMENT COUNCIL OF GREENE COUNTY - P. O. BOX 1028 - STANARDSVILLE, VA 22973	46-2873873	501(C)(3)	16,000.	0.			STAFF SUPPORT AND EFFORTS TO STRENGTHEN THE AFTER SCHOOL AND SUMMER PROGRAMS
YOUTH ORCHESTRAS OF CENTRAL VIRGINIA - PO BOX 4845 - CHARLOTTESVILLE, VA 22905	51-0233126	501(C)(3)	10,000.	0.			MUSICIAN-CENTERED YOUTH INITIATIVES

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Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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 assistance
SCHOLARSHIPS	103	376,803.	0.		

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

PART I, LINE 2:

THE CHARLOTTESVILLE AREA COMMUNITY FOUNDATION CONDUCTS REGULAR MONITORING AND EVALUATION OF ITS DISCRETIONARY GRANTS. RECIPIENTS OF GRANTS UP TO \$10,000 PROVIDE INTERIM AND FINAL REPORTS ON THEIR ACTIVITIES AND THE FOUNDATION TRACKS SPECIFIC INDICATORS, INCLUDING ACCOMPLISHMENTS OF GOALS AND NUMBER OF PEOPLE REACHED. RECIPIENTS OF LARGER GRANTS AGREE TO A SET OF KEY PERFORMANCE INDICATORS AS PART OF THE GRANT AGREEMENT, AND THE FOUNDATION TRACKS PROGRESS AND ACHIEVEMENT AGAINST THESE INDICATORS OVER THE LIFE OF THE GRANT. THE FOUNDATION TEAM, INCLUDING MEMBER OF THE GRANTS

Part IV Supplemental Information

PORTFOLIO COMMITTEE, ALSO CONDUCTS SITE VISITS OF GRANTEES. IN ADDITION,
THE FOUNDATION TEAM MONITORS USE OF THE CHARITABLE GIFTS FROM COMPONENT
FUNDS AS REQUESTED BY DONORS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: 100 BLACK MEN OF CENTRAL VIRGINIA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE 100 BLACK MEN SCHOLARSHIP
PROGRAM. THIS IS THE 2ND INSTALLMENT OF A \$10,000 ANNUAL 3-YEAR
COMMITMENT, A PORTION OF WHICH (\$1,500) HAS BEEN PAID DIRECTLY TO
PIEDMONT VIRGINIA COMMUNITY COLLEGE (PVCC).

NAME OF ORGANIZATION OR GOVERNMENT:

ALBEMARLE CHARLOTTESVILLE HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE RESEARCH, DEVELOPMENT, AND
CREATION OF 15 EXHIBITION PANELS FOR CHARLOTTESVILLE CITY SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT:

ALZHEIMER'S ASSOCIATION CENTRAL AND WESTERN VIRGINIA CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE DIVERSITY OUTREACH AND VOLUNTEER
ENGAGEMENT PROGRAM FOR AFRICAN AMERICAN FAMILIES DEALING WITH DEMENTIA

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN CHESTNUT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TREES DATABASE
DEVELOPMENT, EQUIPMENT AND SUPPLIES FOR MID-ATLANTIC SCIENCE COORDINATOR,
AND VA CHAPTER SEED ORCHARD

NAME OF ORGANIZATION OR GOVERNMENT: BARRETT EARLY LEARNING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THREE LEAD TEACHERS AND ONE

Part IV Supplemental Information

ADMINISTRATOR TO COMPLETE CHILD DEVELOPMENT ASSOCIATE TRAINING

NAME OF ORGANIZATION OR GOVERNMENT: BLUE RIDGE HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: RHOP HEALTH COMPASS. EDUCATION,
PREVENTIVE HEALTH SERVICES, CARE NAVIGATION AND PRIMARY CARE FOR
LOW-INCOME, UNINSURED PEOPLE

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL VIRGINIA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: A THREE-DAY PROFESSIONAL DEVELOPMENT
INSTITUTE FOR EARLY CHILDHOOD EDUCATORS IN CHARLOTTESVILLE IN 2017

NAME OF ORGANIZATION OR GOVERNMENT: COLUMBIA UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE FIRST INSTALLMENT OF A 3 YEAR
GRANT TO ENDOW THE "DONOVAN FAMILY PROFESSOR OF COMPUTER SCIENCE" IN THE
SCHOOL OF ENGINEERING

NAME OF ORGANIZATION OR GOVERNMENT: DARTMOUTH COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000 TO DARTMOUTH COLLEGE FUND,
\$1,500 TO FRIENDS OF DARTMOUTH LACROSSE, AND \$1,000 TO FRIENDS OF MEN'S
RUGBY

NAME OF ORGANIZATION OR GOVERNMENT: FIRST PRESBYTERIAN CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PASTOR'S DISCRETIONARY FUND FOR
USES WITHIN ALBEMARLE COUNTY, IN HONOR OF DR. DAVID MALONEY

NAME OF ORGANIZATION OR GOVERNMENT: INNOCENCE PROJECT INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES. THIS IS THE FIRST

Part IV Supplemental Information

PAYMENT OF A \$100,000 GRANT PAYABLE OVER 3 YEARS. AN ANNUAL GRANT REPORT IS REQUIRED BEFORE THE NEXT INSTALLMENT

NAME OF ORGANIZATION OR GOVERNMENT:

JEFFERSON SCHOOL AFRICAN-AMERICAN HERITAGE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF THE FILM, LECTURE, EXHIBITION, AND COMMUNITY, AND K-12 PROGRAMS AT THE AFRICAN AMERICAN HERITAGE CENTER

NAME OF ORGANIZATION OR GOVERNMENT: NORTH BRANCH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: \$4,000 DESIGNATED TO TEACHER BONUS PLAN, \$4,000 DESIGNATED TO NAOMI SCHERR SCHOLARSHIP FUND, AND \$2,000 DESIGNATED TO THE SCIENCE BUILDING

NAME OF ORGANIZATION OR GOVERNMENT:

PIEDMONT VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT NURSING SCHOLARSHIPS AND NURSING EDUCATION AT PIEDMONT VIRGINIA COMMUNITY COLLEGE (PVCC)

NAME OF ORGANIZATION OR GOVERNMENT:

SORENSEN INSTITUTE FOR POLITICAL LEADERSHIP AT THE UNIVERSITY OF VIRGINIA

(H) PURPOSE OF GRANT OR ASSISTANCE: RECRUITMENT AND SUPPORT OF LOW-INCOME STUDENTS TO PARTICIPATE IN A TWO WEEK LEADERSHIP DEVELOPMENT PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: SWEET BRIAR COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES ON BEHALF OF ASHLEY HARPER AND DAVID MATTHEWS AS A FOLLOW UP TO THE \$25,000 CONTRIBUTED IN

Part IV Supplemental Information

2015

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF VIRGINIA NURSING SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS FOR UVA UNDERGRADUATE NURSING STUDENTS WITH FINANCIAL NEEDS AND THOSE HAVING A DEMONSTRABLE EXPERIENCE WITH, OR SINCERE INTEREST IN, COMMUNITY SERVICE

NAME OF ORGANIZATION OR GOVERNMENT: VIRGINIA CENTER FOR THE CREATIVE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: RESIDENCIES FOR LOCAL WRITERS, VISUAL ARTISTS, AND COMPOSERS FROM THE CHARLOTTESVILLE AREA COMMUNITY FOUNDATION SERVICE AREA

NAME OF ORGANIZATION OR GOVERNMENT: VIRGINIA DEPARTMENT OF FORESTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF YOUTH FORESTRY EDUCATIONAL OPPORTUNITIES, FORESTRY FIELD DAY FOR ADULTS, FOREST LANDOWNERS RETREAT, AND FORESTRY TOUR FOR ECOLOGY AND AGRICULTURE TEACHERS

NAME OF ORGANIZATION OR GOVERNMENT:

VIRGINIA FOUNDATION FOR THE HUMANITIES AND PUBLIC POLICY

(H) PURPOSE OF GRANT OR ASSISTANCE: VIRGINIA FESTIVAL OF THE BOOK. TO SUPPORT THE PARTICIPATION OF ASHLEY CHRISTENSEN SUPPORTING BOTH THE COOKING DEMONSTRATION AND THE PANEL DISCUSSION

NAME OF ORGANIZATION OR GOVERNMENT: WELLESLEY COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000 FOR GENERAL PURPOSE AND \$200 TO EACH OF THE FOLLOWING: STUDENT AID, RELIGIOUS STUDIES, WOMEN'S CENTER, ATHLETICS, BOTANICAL GARDENS, AND LIBRARY

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization **CHARLOTTESVILLE AREA COMMUNITY FOUNDATION**

Employer identification number
54-1506312

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION

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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANNE W. SCOTT PRESIDENT & CEO	(i)	268,199.	0.	0.	0.	1,800.	269,999.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **CHARLOTTEVILLE AREA COMMUNITY FOUNDATION** Employer identification number **54-1506312**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	35	7,122,007	NYSE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," 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) (2016)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization CHARLOTTESVILLE AREA COMMUNITY FOUNDATION	Employer identification number 54-1506312
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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FOR 46 OTHER NON-PROFIT ORGANIZATIONS. WE FACILITATED OVER 3100
TRANSACTIONS (1500 CONTRIBUTIONS AND 1600 DISTRIBUTIONS). WITH OUR NEW
SEPARATELY INVESTED FUND PROGRAM, DONORS MAY PROPOSE THE INVESTMENT
MANAGER FOR THEIR ASSETS.

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

RETURN IS REVIEWED BY THE AUDIT COMMITTEE AND A COPY IS PROVIDED TO THE
BOARD BEFORE FILING.

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

ANNUAL CONFLICT OF INTEREST FORMS ARE SIGNED BY BOARD MEMBERS.

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

THE BOARD CHAIRMAN FORMED A COMMITTEE INCLUDING PEOPLE NOT ON THE BOARD,
REVIEWED DATA FROM FOUNDATIONS, AND MADE RECOMMENDATIONS TO THE EXECUTIVE
COMMITTEE AND BOARD.

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

ANNUAL REPORT AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR
WEBSITE, CACFONLINE.ORG, OR UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE SPLIT INTEREST AGREEMENTS	158,927.
INCOME FROM PASSTHROUGH ENTITY	-6,264.
TOTAL TO FORM 990, PART XI, LINE 9	152,663.

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

Schedule O (Form 990 or 990-EZ) (2016)

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	FURNITURE	10/30/02	200DB	7.00		HY17	800.				800.	800.		0.	800.
2	LAPTOP PROJECTOR	01/14/05	200DB	5.00		HY17	798.				798.	798.		0.	798.
3	BOARD RM TABLES & CHAIRS	09/12/06	200DB	7.00		HY17	1,640.				1,640.	1,640.		0.	1,640.
4	CICS NORTEL PHONE SYSTEM	06/27/06	200DB	5.00		HY17	4,302.				4,302.	4,302.		0.	4,302.
5	NORTHSTAR SYSTEM	07/01/07	SL	3.00		16	56,578.				56,578.	56,578.		0.	56,578.
6	CONF ROOM TABLE & CHAIRS	08/04/10	SL	7.00		16	13,314.				13,314.	10,461.		1,902.	12,363.
7	LENOVO COMPUTER - JON N.	01/15/10	SL	5.00		16	714.				714.	714.		0.	714.
8	COMPUTER - NAREEN	01/25/10	SL	5.00		16	555.				555.	555.		0.	555.
9	COMPUTER - KATE	03/03/10	SL	5.00		16	857.				857.	857.		0.	857.
10	COMPUTER - BRENNAN	09/15/10	SL	5.00		16	699.				699.	699.		0.	699.
11	HP SLIMLINE S5610 DESKTOP - MARIE	12/22/10	SL	5.00		16	399.				399.	399.		0.	399.
12	HP G7-1150US LAPTOP (C. WILLIAMS)	08/08/11	SL	5.00		16	556.				556.	556.		0.	556.
13	HP G7-1150US LAPTOP (C. WAITE)	08/08/11	SL	5.00		16	556.				556.	556.		0.	556.
14	HP COMPUTER (J.REDICK)	01/20/12	SL	5.00		16	657.				657.	459.		131.	590.
15	DESK (A. SCOTT)	07/10/13	SL	5.00		16	750.				750.	356.		150.	506.
16	CARPETING (CEO OFFICE)	10/01/13	SL	5.00		16	1,642.				1,642.	697.		328.	1,025.
17	ROUTER	10/16/13	SL	5.00		16	1,068.				1,068.	455.		214.	669.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	OPTIPLEX CPU	12/30/13	SL	5.00		16	817.				817.	347.		163.	510.
19	FLOORING FOR LOBBY	08/09/16	SL	7.00		16	3,523.				3,523.			210.	210.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						90,225.				90,225.	81,229.		3,098.	84,327.
	* GRAND TOTAL 990 PAGE 10 DEPR						90,225.				90,225.	81,229.		3,098.	84,327.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						86,702.			0.	86,702.	81,229.			84,117.
	ACQUISITIONS						3,523.			0.	3,523.	0.			210.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						90,225.			0.	90,225.	81,229.			84,327.
	ENDING ACCUM DEPR											84,327.			
	ENDING BOOK VALUE											5,898.			

Form **990-W**

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)
Department of the Treasury
Internal Revenue Service

(and on Investment Income for Private Foundations) FORM 990-T

2017

Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2016 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	
c	2017 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	1,640.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11			
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12			
13	2016 Overpayment. See instructions	13			
14	Payment due (Subtract line 13 from line 12)	14			

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2017)

ESTIMATED TAX	1,640.
OVERPAYMENT APPLIED	1,640.
AMOUNT DUE	0.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
DECEMBER 31, 2016

Prepared for	CHARLOTTESVILLE AREA COMMUNITY FOUNDATION P.O. BOX 1767 CHARLOTTESVILLE, VA 22902
Prepared by	KEITER, STEPHENS, HURST, GARY & SHREAVES, PC P.O. BOX 32066 RICHMOND, VA 23294-2066
Amount due or refund	OVERPAYMENT OF \$1,640. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 15, 2017
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2016

For calendar year 2016 or other tax year beginning _____, and ending _____

▶ **Information about Form 990-T and its instructions is available at www.irs.gov/form990t.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CHARLOTTEVILLE AREA COMMUNITY FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1767 City or town, state or province, country, and ZIP or foreign postal code CHARLOTTEVILLE, VA 22902	D Employer identification number (Employees' trust, see instructions.) 54-1506312 E Unrelated business activity codes (See instructions.) 812900
--	---	----------------------	--	---

C Book value of all assets at end of year 177421530.	F Group exemption number (See instructions.)	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
---	---	--

H Describe the organization's primary unrelated business activity. ▶ **INCOME FROM INVESTMENT LIMITED PARTNERSHIP**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **ORGANIZATION TREASURER** Telephone number ▶ **(434) 296-1024**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a 6,921.		4a 6,921.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5 -657.	STMT 1	5 -657.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 6,264.		13 6,264.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	6,264.
31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 2	31	6,264.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION

Form 990-T (2016)

54-1506312

Page 2

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Tax on Non-Compliant Facility Income. See instructions	39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d	41e	
42 Subtract line 41e from line 40	42	0.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44 Total tax. Add lines 42 and 43	44	0.
45a Payments: A 2015 overpayment credited to 2016	45a	1,640.
b 2016 estimated tax payments	45b	
c Tax deposited with Form 8868	45c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	45g	
46 Total payments. Add lines 45a through 45g	46	1,640.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	1,640.
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax 1,640. Refunded	50	0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____ Title: **PRESIDENT**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: **VIRGINIA R. BELCHER** Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P00421964**

Firm's name: **KEITER, STEPHENS, HURST, GARY & SHREAVES, P** Firm's EIN: **54-1631262**

P.O. BOX 32066

Firm's address: **RICHMOND, VA 23294-2066** Phone no. **(804)747-0000**

Form 990-T (2016)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

CHARLOTTEVILLE AREA COMMUNITY

Form 990-T (2016) FOUNDATION

54-1506312

Page 5

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2016)

2016 TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING
DECEMBER 31, 2016

Prepared for	CHARLOTTESVILLE AREA COMMUNITY FOUNDATION P.O. BOX 1767 CHARLOTTESVILLE, VA 22902
Prepared by	KEITER, STEPHENS, HURST, GARY & SHREAVES, PC P.O. BOX 32066 RICHMOND, VA 23294-2066
To be signed and dated by	NOT APPLICABLE
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE VADOT, PLEASE SIGN, DATE AND RETURN VA-8879C TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE VADOT. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE VADOT.
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	

**2016 Virginia Corporation
 Income Tax Return**



FISCAL or Attention: Return must be filed electronically. Use this form only if you have an approved waiver.

Official Use Only

SHORT Year Filer: **Beginning Date** _____ ; **Ending Date** _____
 Short Year Return Change in Accounting Period

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer. →

FEIN 54-1506312		Check all that apply:	
Name CHARLOTTESVILLE AREA COMMUNITY FOUNDATION		<input type="checkbox"/> Initial Filer	<input type="checkbox"/> Name Change
Mailing Address P.O. BOX 1767		<input type="checkbox"/> Mailing Address Change	<input type="checkbox"/> Physical Address Change
City or Town CHARLOTTESVILLE	State VA	ZIP Code 22902	
Physical Address (if different from Mailing Address)		Entity Type Code NP	
Physical City or Town	State	ZIP Code	NAICS 813000
Date Incorporated	State or Country of Incorporation	Description of Business Activity INCOME FROM INVESTMENT LIMITED PARTNERSHIP	

<p>Check Applicable Boxes</p> <input type="checkbox"/> Consolidated - Sch. 500AC Attached <input type="checkbox"/> Combined - Sch. 500AC Attached <input type="checkbox"/> Change in Filing Status <input type="checkbox"/> Multistate Sch. 500A Attached <input type="checkbox"/> Schedule 500AB Attached <input checked="" type="checkbox"/> Nonprofit Corporation Enter number of affiliates _____	<p>Final Return</p> <input type="checkbox"/> Final Return - Check here and applicable boxes below. <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved - No longer liable for tax. Dissolved Date _____ <input type="checkbox"/> Merged Merger Date _____ Merged FEIN # _____ <input type="checkbox"/> S Corp Effective _____	<p>Corporate Telecommunications Company</p> Enter amount from Form 500T, Line 7: _____ .00 <p>Noncorporate Telecommunications Company Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> _____ .00 <p>Electric Supplier Company</p> Enter amount from Sch. 500EL, Line 7 or 14: _____ .00 </p>
--	---	---

<p>Amended Return</p> Complete Form 500 and Schedule 500ADJ. Attach an explanation of changes to income and modifications. DO NOT FILE THIS FORM TO CARRY BACK A NET OPERATING LOSS. File Form 500NOLD.	<input type="checkbox"/> Amended Return - Check here and other applicable boxes. <input type="checkbox"/> Federal Audit - Attach copy of IRS final determination. <input type="checkbox"/> Schedule 500A Changes <input type="checkbox"/> Schedule 500ADJ Changes	<input type="checkbox"/> Nonrefundable or Refundable Credit Change <input type="checkbox"/> Schedule 500AB Changes <input type="checkbox"/> Capital Loss Carryback <input type="checkbox"/> Other - Attach explanation.
--	--	--

Questions and Related Information

A Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights and similar intangible property)? If yes, complete and attach Schedule 500AB.
 Enter Exception amount from Schedule 500AB, Line 8 **A** _____ .00
B **Coalfield Employment Enhancement Tax Credit earned from Form 306, Line 11.** **B** _____ .00

C If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted from a merger, enter the FEIN of the company generating the NOL prior to the merger date.
 FEIN _____ **SEE STATEMENT 1**
 (If there are NOLs for more than one year, attach a schedule for each year with the information requested in Section C.)

D If Pass-Through Entity Withholding is claimed, enter the number of Schedule VK-1s and complete and attach Schedule 500ADJ, Page 2. **D** _____

E Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Department? If Yes, provide the year(s). Year **E** _____

F Location of Corporation's books 114 4TH ST S.E., CHARLOTTESVILLE, VA 22 Year _____

Contact for Corporation's books **ORGANIZATION TREASURER** Contact Phone Number **(434) 296-1024**

2016 Virginia

Form 500

FEIN 54-1506312

Page 2



INCOME

1	Federal taxable income (from attached federal return)	1	<u>0.00</u>
2	Total additions from Schedule 500ADJ, Section A, Line 7	2	<u>.00</u>
3	Total (add Lines 1 and 2)	3	<u>.00</u>
4	Total subtractions from Schedule 500ADJ, Section B, Line 10	4	<u>.00</u>
5	Balance (subtract Line 4 from Line 3)	5	<u>.00</u>
6	Savings and Loan Association's Bad Debt Deduction (see Instructions)	6	<u>.00</u>
7	Virginia taxable income (subtract Line 6 from Line 5)	7	<u>.00</u>

TAX COMPUTATION

8 Multistate Corporation - If business conducted within and without Virginia (Multistate Corporation), attach Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9.

(a)	Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a)	<u>.00</u>
(b)	Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(g)	8(b)	<u>%</u>
(c)	Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c)	<u>.00</u>
(d)	Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d)	<u>.00</u>

9 Income tax (6% of Line 7 or 6% of Line 8(a))..... **9** 0.00

PAYMENTS AND CREDITS

10	Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10	<u>.00</u>
11	Adjusted corporate tax (subtract Line 10 from Line 9)	11	<u>.00</u>
12	2016 estimated Virginia income tax payments including overpayment credit from 2015	12	<u>.00</u>
13	Extension payment	13	<u>.00</u>
14	Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14	<u>.00</u>
15	Pass-Through Entity total withholding from Schedule 500ADJ, Section D	15	<u>.00</u>
16	Total payments and credits (add Lines 12 through 15)	16	<u>.00</u>

REFUND OR TAX DUE

17	Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17	<u>.00</u>
18	Penalty (see Instructions)	18	<u>.00</u>
19	Interest (see Instructions)	19	<u>.00</u>
20	Additional charge from Form 500C, Line 17 (attach Form 500C)	20	<u>.00</u>
21	Total due (add Lines 17 through 20)	21	<u>.00</u>
22	Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22	<u>.00</u>
23	Amount to be credited to 2017 estimated tax	23	<u>.00</u>
24	Amount to be refunded (subtract Line 23 from Line 22)	24	<u>.00</u>

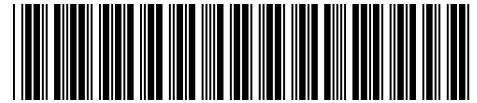
I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

Date	Signature of Officer	Title PRESIDENT
Printed Name of Officer ANNE W. SCOTT		Phone Number
Print Preparer's Name and Firm Name VIRGINIA R. BELCHER KEITER, STEPHENS, HURST, GARY & SHREAVES, PC		Phone Number (804) 747-0000
Date	Individual or Firm, Signature of Preparer	Address of Preparer P.O. BOX 32066 RICHMOND, VA 23294-2066
Preparer's FEIN, PTIN, or SSN P00421964		Approved Vendor Code 1019

IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN.

VA 500		NOL CARRYFORWARD ADJUSTMENT			STATEMENT	1
YEAR END DATE	FEDERAL NOL	ADDITION	SUBTRACTION	NET VIRGINIA MODIFICATION	PERCENT OF FEDERAL NOL UTILIZED THIS YEAR	
	72,871.	0.	0.	0.	.0860	
NET VIRGINIA MODIFICATION				0.		

Schedule of Federal
Line Items



Name as shown on Virginia return CHARLOTTESVILLE AREA COMMUNITY FOUNDA FEIN 54-1506312

Form 1120, Deductions and Taxable Income

1. Domestic Production Activities Deduction	1	.00
2. Federal Taxable Income before NOL and Special Deductions	2	<u>6264 .00</u>
3. Net Operating Loss Deduction	3	<u>6264 .00</u>
4. Special Deductions	4	<u>1000 .00</u>
5. Federal Taxable Income after NOL and Special Deductions	5	<u>.00</u>

Form 1120, Schedule C, Dividends and Special Deductions

6. Subpart F Income	6	.00
7. Foreign Dividend Gross-Up	7	.00

Form 1120, Schedule K or M-3

8. Tax Exempt Interest	8	.00
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Form 5884

9. Salaries and Wages not deducted due to the WOTC	9	.00
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Form 4562, Special Depreciation Allowance and Other Depreciation

10. Special depreciation allowance for qualified property placed in service during the taxable year	10	.00
11. Property subject to 168(f)(1) election	11	.00
12. Other depreciation	12	<u>3098 .00</u>

Form 1118, Schedule A, Income or Loss Before Adjustments-Gross Income or Loss

13. Total: Deemed Dividends (Exclude Gross-up)	13	.00
14. Total: Deemed Dividend (Gross-up)	14	.00
15. Total: Other Dividends (Exclude Gross-up)	15	.00
16. Total: Other Dividends (Gross-up)	16	.00
17. Total: Interest	17	.00
18. Total: Gross Rents, Royalties, and License Fees	18	.00
19. Total: Gross Income from Performance of Services	19	.00
20. Total: Other	20	.00
21. Total: Total Gross Income or Loss from Outside the US	21	.00

Form 1118, Schedule A, Income or Loss Before Adjustments-Deductions

22. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization	22	.00
23. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	23	.00
24. Total: Definitely Allocable - Expenses Related to Gross Income from Performance of Services	24	.00
25. Total: Definitely Allocable - Other Definitely Allocable Deductions	25	.00
26. Total: Total Definitely Allocable Deductions	26	.00
27. Total: Apportioned Share of Deductions not Definitely Allocable	27	.00
28. Total: Net Operating Loss Deduction	28	.00
29. Total: Total Deductions	29	.00

Form 1118, Schedule A, Income or Loss Before Adjustments-Total Income

30. Total: Total Income or (Loss) Before Adjustments	30	.00
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Attach Schedule 500FED to Your Virginia Corporation Return, Form 500.
Schedule 500FED does not replace the requirement to attach a complete federal Form 1120 to your Virginia return.

**DO NOT SEND THIS VA-8879C TO THE VA DEPT OF TAXATION OR THE IRS.
IT MUST BE MAINTAINED IN YOUR FILES!**

Corporation Name	Federal ID Number
CHARLOTTESVILLE AREA COMMUNITY FOUNDATION	54-1506312

Part I Tax Return Information

1. Federal Taxable Income (Form 500, Page 2, Line 1)	1.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.
3. Income tax (Form 500, Page 2, Line 9)	3.
4. Total payments and credits (Form 500, Page 2, Line 16)	4.
5. Total due (Form 500, Page 2, Line 21)	5.
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2016 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I understand that if the Virginia Department of Taxation does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to the Virginia Department of Taxation. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.

Officer's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN 06312 as my signature on the corporation's 2016 electronic Virginia corporation income tax return.
Do not enter all zeros

KEITER, STEPHENS, HURST, GARY & SHREAVES, PC

ERO Firm Name

I will enter my e-File PIN as my signature on the corporation's 2016 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. 54522423060
Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2016 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by the Department. ERO's may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature _____ Date _____

Form VA-8879C (REV 10/16)