

KEITER, STEPHENS, HURST, GARY & SHREAVES, PC  
4401 DOMINION BLVD  
GLEN ALLEN, VA 23060

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

|||||

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY



KEITER  
4401 DOMINION BOULEVARD  
GLEN ALLEN, VIRGINIA 23060

NOVEMBER 14, 2018

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

CHARLOTTESVILLE AREA COMMUNITY FOUNDATION:

ENCLOSED ARE THE ORGANIZATION'S 2017 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, 2018.

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, 2018.

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, 2017

<b>Prepared for</b>	CHARLOTTESVILLE AREA COMMUNITY FOUNDATION P.O. BOX 1767 CHARLOTTESVILLE, VA 22902
<b>Prepared by</b>	KEITER, STEPHENS, HURST, GARY & SHREAVES, PC 4401 DOMINION BLVD GLEN ALLEN, VA 23060
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	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, 2018.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning \_\_\_\_\_, 2017, and ending \_\_\_\_\_, 20\_\_

# 2017

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization <b>CHARLOTTESVILLE AREA COMMUNITY FOUNDATION</b>	Employer identification number <b>54-1506312</b>
---	---

Name and title of officer  
**BRENNAN GOULD**  
**CEO**

## 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.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>23,792,921.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

## 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 2017 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 2017 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 2017 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 2017 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** (2017)

723051 10-11-17

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2017 calendar year, or tax year beginning and ending**

<b>B</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	<b>C</b> Name of organization <b>CHARLOTTEVILLE AREA COMMUNITY FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 1767</b> City or town, state or province, country, and ZIP or foreign postal code <b>CHARLOTTEVILLE, VA 22902</b> <b>F</b> Name and address of principal officer: <b>BRENNAN GOULD</b> <b>114 4TH ST S.E., CHARLOTTEVILLE, VA 22902</b>	<b>D</b> Employer identification number <b>54-1506312</b> <b>E</b> Telephone number <b>(434) 296-1024</b> <b>G</b> Gross receipts \$ <b>23,792,921.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.CACFONLINE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1967</b> <b>M</b> State of legal domicile: <b>VA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>GRANTS TO NON-PROFITS MAINLY IN CENTRAL VA &amp; MANAGE CHARITABLE FUNDS FOR INDIVIDUALS &amp; AGENCIES.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>17</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>17</b>
<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a) .....	<b>5</b>	<b>11</b>
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>50</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> 23,520,829.	<b>Current Year</b> 16,858,956.
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	4,149,415.	6,004,444.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	145,673.	929,521.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	27,815,917.	23,792,921.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	19,348,063.	13,657,538.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	1,094,085.	1,093,442.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>52,725.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	1,120,582.	1,142,389.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	21,562,730.	15,893,369.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	6,253,187.	7,899,552.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> 177,421,530.	<b>End of Year</b> 201,685,561.
	<b>21</b> Total liabilities (Part X, line 26) .....	20,718,390.	23,858,211.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	156,703,140.	177,827,350.

**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.

<b>Sign Here</b>	Signature of officer <b>BRENNAN GOULD, CEO</b> Type or print name and title	Date		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>VIRGINIA R. BELCHER</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN <b>P00421964</b>
	Firm's name ▶ <b>KEITER, STEPHENS, HURST, GARY &amp; SHREAVES, PC</b> Firm's address ▶ <b>4401 DOMINION BLVD</b> <b>GLEN ALLEN, VA 23060</b>	Firm's EIN ▶ <b>54-1631262</b>	Phone no. (804) 747-0000	

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 \$ 630,000. including grants of \$ 630,000. ) (Revenue \$ ) THROUGH OUR DISCRETIONARY GRANTS PROGRAM, WE CONTINUE TO BUILD OUR GRANTMAKING PRACTICE AND DOCUMENT OUR SUCCESS. IN 2017, OUR ENRICHING COMMUNITIES GRANTS SUPPORTED A WIDE RANGE OF LOCAL SERVICES AND ACTIVITIES, AWARDING \$448,317 TO 54 NONPROFITS. WE ALSO AWARDED ONE LARGE GRANT. \$179,804 WAS AWARDED TO SUPPORT A REGIONAL BIKE AND PEDESTRIAN TRAIL NETWORK IN CHARLOTTESVILLE AND ALBEMARLE. 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, REDUCING RACIAL DISPARITIES IN BIRTH OUTCOMES AND PUBLIC HOUSING REDEVELOPMENT.

4b (Code: ) (Expenses \$ 14,573,467. including grants of \$ 14,393,000. ) (Revenue \$ 161,512. ) WE FACILITATE PHILANTHROPY FOR POSITIVE CHANGE IN OUR COMMUNITY. IN 2017, WE DISTRIBUTED A TOTAL OF \$15 MILLION TO 675 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 2017, TOTAL ASSETS UNDER ADMINISTRATION GREW 16% FROM \$153 MILLION TO \$178 MILLION. WE ENDED THE YEAR WITH A 7.6% FIVE-YEAR AVERAGE NET INVESTMENT RETURN. WE OPENED 50 NEW FUNDS TO MANAGE 327 FUNDS FOR INDIVIDUALS AND AGENCIES. THESE FUNDS INCLUDE 34 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 15,203,467.

**CHARLOTTEVILLE AREA COMMUNITY  
FOUNDATION**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....	<b>X</b>	
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> 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> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....	<b>X</b>	
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....		<b>X</b>
<b>18</b> 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> .....		<b>X</b>
<b>19</b> 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> .....		<b>X</b>

**CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION**

Form 990 (2017)

54-1506312 Page 4

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	<b>X</b>	
<b>22</b> 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> .....	<b>X</b>	
<b>23</b> 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> .....	<b>X</b>	
<b>24a</b> 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> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>26</b> 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> .....		<b>X</b>
<b>27</b> 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> .....		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> 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> .....		<b>X</b>
<b>33</b> 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> .....		<b>X</b>
<b>34</b> 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> .....		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		<b>X</b>
<b>b</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> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>37</b> 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> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>X</b>	

Form **990** (2017)

**CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION**

Form 990 (2017)

54-1506312 Page 5

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2017)

**CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION**

**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
<b>1a</b> 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.	<b>1a</b>	17		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	17		
<b>2</b> 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?	<b>2</b>			<b>X</b>
<b>3</b> 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?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> 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?	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> 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	<b>9</b>			<b>X</b>

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

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>			<b>X</b>
<b>b</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?	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		<b>X</b>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>		<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		<b>X</b>	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		<b>X</b>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>			<b>X</b>
<b>b</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?	<b>16b</b>			

**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**

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Form 990 (2017)

54-1506312 Page 7

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received 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) HELENE DOWNS MEMBER	1.13	X						0.	0.	0.
(2) J. A. KESSLER, III CHAIR	1.48	X		X				0.	0.	0.
(3) KELLI E. PALMER VICE-CHAIR	1.29	X		X				0.	0.	0.
(4) O. WHITFIELD BROOME, JR. MEMBER	0.50	X						0.	0.	0.
(5) HEATHER L. CARLTON SECRETARY	1.29	X		X				0.	0.	0.
(6) LOUISE M. DUDLEY MEMBER	0.63	X						0.	0.	0.
(7) JAMES E. HADEN MEMBER	1.19	X						0.	0.	0.
(8) STEPHEN J. MCNAUGHTON MEMBER	0.00	X						0.	0.	0.
(9) E. MARSHALL PRYOR, III MEMBER	0.50	X						0.	0.	0.
(10) ROBERT D. SWEENEY MEMBER	0.50	X						0.	0.	0.
(11) JOSEPH W. RICHMOND, JR. MEMBER	0.73	X						0.	0.	0.
(12) ANDREA ROBERTS MEMBER	1.08	X						0.	0.	0.
(13) LEONARD W. SANDRIDGE, JR. MEMBER	1.06	X						0.	0.	0.
(14) DAVID G. SUTTON MEMBER	1.06	X						0.	0.	0.
(15) RUSSELL W. TAYLOR MEMBER	0.40	X						0.	0.	0.
(16) BRUCE M. WOODZELL MEMBER	0.50	X						0.	0.	0.
(17) ANNE W. SCOTT PRESIDENT & CEO	40.00	X		X				199,869.	0.	4,853.

**CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION**

Form 990 (2017)

54-1506312 Page **8**

**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) GLENN RUST MEMBER	1.17	X					0.	0.	0.	
(19) JANET DORMAN TREASURER, DIRECTOR OF FIN	40.00			X			139,124.	0.	6,895.	
(20) BRENNAN GOULD DIRECTOR OF PROGRAMS	40.00				X		110,025.	0.	1,440.	
(21) CAMERON MOWAT DIRECTOR OF DONOR ENGAGEME	40.00				X		131,530.	0.	1,440.	
<b>1b Sub-total</b>							580,548.	0.	14,628.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							580,548.	0.	14,628.	

**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 **4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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	
<b>5</b> 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**

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Form 990 (2017)

54-1506312 Page 9

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	16,858,956.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		2,456,022.				
	<b>h Total.</b> Add lines 1a-1f .....		16,858,956.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,477,122.			2,477,122.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		3,527,322.					
		<b>b</b> Less: cost or other basis and sales expenses .....		0.			
		<b>c</b> Gain or (loss) .....		3,527,322.			
	<b>d</b> Net gain or (loss) .....			3,527,322.		3,527,322.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> INCOME FROM PASSTHROUGH .....		900099	705,216.	705,216.			
<b>b</b> FEE INCOME .....		900099	161,512.	161,512.			
<b>c</b> OTHER INCOME .....		900099	62,793.	62,793.			
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			929,521.				
<b>12 Total revenue.</b> See instructions. ....			23,792,921.	929,521.	0.	6,004,444.	

**CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION**

Form 990 (2017)

54-1506312 Page **10**

**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>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,200,243.	13,200,243.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	457,295.	457,295.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	352,776.	204,610.	137,583.	10,583.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	655,936.	426,359.	223,018.	6,559.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	14,218.	8,602.	5,474.	142.
<b>10</b> Payroll taxes	70,512.	44,423.	24,679.	1,410.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	1,762.	881.	881.	
<b>c</b> Accounting	27,380.		27,380.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	563,851.	563,851.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	45,378.	22,689.	22,689.	
<b>12</b> Advertising and promotion	61,860.	30,930.	24,744.	6,186.
<b>13</b> Office expenses	60,086.	46,354.	13,024.	708.
<b>14</b> Information technology	5,181.	3,134.	1,995.	52.
<b>15</b> Royalties				
<b>16</b> Occupancy	33,643.	20,631.	12,953.	59.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	111,079.	57,032.	44,218.	9,829.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	3,737.	2,261.	1,439.	37.
<b>23</b> Insurance	12,630.		12,630.	
<b>24</b> 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.)				
<b>a</b> <b>FUND EXPENSES</b>	168,843.	101,306.	50,653.	16,884.
<b>b</b> <b>ADMINISTRATIVE EXPENSES</b>	41,551.	9,453.	31,875.	223.
<b>c</b> <b>TEMPORARY EMPLOYEES</b>	5,408.	3,413.	1,942.	53.
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	15,893,369.	15,203,467.	637,177.	52,725.
<b>26</b> <b>Joint costs.</b> 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)

**CHARLOTTEVILLE AREA COMMUNITY  
FOUNDATION**

Form 990 (2017)

54-1506312 Page 11

**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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	430,026.	<b>1</b>	1,048,131.	
	<b>2</b> Savings and temporary cash investments .....	17,164,307.	<b>2</b>	12,668,725.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	5,116,333.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> 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 .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	32,436.	<b>7</b>	20,163.	
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	101,531.			
	<b>b</b> Less: accumulated depreciation .....	88,064.			
	<b>11</b> Investments - publicly traded securities .....	116,704,760.	<b>11</b>	137,547,870.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	19,817,376.	<b>12</b>	22,674,643.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	23,266,727.	<b>15</b>	22,596,229.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	177,421,530.	<b>16</b>	201,685,561.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	24,697.	<b>17</b>	27,061.	
	<b>18</b> Grants payable .....	5,931,236.	<b>18</b>	5,047,681.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	10,377.	<b>21</b>	14,566.	
	<b>22</b> 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 .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	14,752,080.	<b>25</b>	18,768,903.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	20,718,390.	<b>26</b>	23,858,211.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	133,303,346.	<b>27</b>	155,095,778.	
	<b>28</b> Temporarily restricted net assets .....	23,339,794.	<b>28</b>	22,671,572.	
	<b>29</b> Permanently restricted net assets .....	60,000.	<b>29</b>	60,000.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	156,703,140.	<b>33</b>	177,827,350.		
<b>34</b> Total liabilities and net assets/fund balances .....	177,421,530.	<b>34</b>	201,685,561.		

Form 990 (2017)

**CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION**

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>23,792,921.</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>15,893,369.</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>7,899,552.</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>156,703,140.</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>13,676,146.</b>
<b>6</b>	Donated services and use of facilities	
<b>7</b>	Investment expenses	
<b>8</b>	Prior period adjustments	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>-451,488.</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>177,827,350.</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were 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>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited 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	<b>2b</b>	<b>X</b>
<b>c</b> 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> 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? _____	<b>3a</b>	<b>X</b>
<b>b</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 _____	<b>3b</b>	



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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6174903.	7523057.	9297116.	23520829.	16858956.	63374861.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6174903.	7523057.	9297116.	23520829.	16858956.	63374861.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						63374861.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	6174903.	7523057.	9297116.	23520829.	16858956.	63374861.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2374737.	1626934.	3121317.	1759508.	2477122.	11359618.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	61,709.	103,463.	419,368.	6,264.	62,793.	653,597.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						75388076.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	639,297.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	84.06 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> 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.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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.		
<b>b</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.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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.		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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

Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION

54-1506312 Page 7

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

CHARLOTTESVILLE AREA COMMUNITY

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **CHARLOTTESVILLE 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 .....	156	
2 Aggregate value of contributions to (during year) .....	14,369,980.	
3 Aggregate value of grants from (during year) .....	10,554,717.	
4 Aggregate value at end of year .....	93,638,369.	
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 7/25/06, 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) 2017



**CHARLOTTESVILLE 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) <b>INVESTMENT LIMITED</b>		
(B) <b>PARTNERSHIP</b>	22,674,643.	<b>END-OF-YEAR MARKET VALUE</b>
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	22,674,643.	

**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)		
<b>Total.</b> (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) <b>REAL ESTATE</b>	7,000.
(2) <b>BENEFICIAL INTEREST IN TRUSTS</b>	22,589,229.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	22,596,229.

**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) <b>ANNUITY PAYABLE</b>	4,381.
(3) <b>AGENCY FUNDS PAYABLE</b>	18,764,522.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	18,768,903.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	37,072,963.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	13,676,146.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	55,384.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	253,728.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	13,985,258.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	23,087,705.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	705,216.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	705,216.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	23,792,921.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	15,948,753.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	55,384.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	55,384.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	15,893,369.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	15,893,369.

**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	253,728.
---	----------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INCOME FROM PASSTHROUGH ENTITY	705,216.
--------------------------------	----------

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN WIDOW PROJECT PO BOX 1573 BUDA, TX 78610-1573	26-0901008	501(C)(3)	5,000.	0.			SPONSOR A RETREAT.
AMERICAN WIDOW PROJECT PO BOX 1573 BUDA, TX 78610-1573	26-0901008	501(C)(3)	5,000.	0.			SPONSOR A RETREAT.
CHARLOTTESVILLE TOMORROW P.O BOX 1591 CHARLOTTESVILLE, VA 22902	20-3013557	501(C)(3)	5,000.	0.			GENERAL PURPOSE
VIRGINIA MUSEUM OF FINE ARTS FOUNDATION - 200 NORTH BOULEVARD - RICHMOND, VA 23286-0986	51-0205333	501(C)(3)	5,000.	0.			GENERAL PURPOSE
VIRGINIA INSTITUTE OF AUTISM 943 GLENWOOD STATION LN SUITE 201 CHARLOTTESVILLE, VA 22901	54-1815297	501(C)(3)	5,000.	0.			GENERAL PURPOSE
PLANNED PARENTHOOD SOUTH ATLANTIC 2964 HYDRAULIC ROAD CHARLOTTESVILLE, VA 22901	56-1282557	501(C)(3)	5,000.	0.			GENERAL PURPOSE

- 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) (2017)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
GEORGIA'S FRIENDS PO BOX 926 CHARLOTTESVILLE, VA 22902	26-3473764	501(C)(3)	5,000.	0.			GENERAL PURPOSE
CHARLOTTESVILLE AREA COMMUNITY FOUNDATION - PO BOX 1767 - CHARLOTTESVILLE, VA 22902	54-1506312	501(C)(3)	5,000.	0.			CHARLOTTESVILLE SCHOLARSHIP PROGRAM
NORTH BRANCH SCHOOL 221 MICKENS RD AFTON, VA 22920	52-1353816	501 (C)(3)	5,000.	0.			THE NAOMI SCHERR SCHOLARSHIP FUND
NORTH BRANCH SCHOOL 221 MICKENS RD AFTON, VA 22920	52-1353816	501 (C)(3)	5,000.	0.			THE TEACHER BONUS PLAN
MONTICELLO AREA COMMUNITY ACTION AGENCY (MACAA) - 1025 PARK STREET - CHARLOTTESVILLE, VA 22901	54-0799964	501(C)(3)	5,000.	0.			GENERAL PURPOSE
CHARLOTTESVILLE CATHOLIC SCHOOL 1205 PEN PARK ROAD CHARLOTTESVILLE, VA 22901	54-1809350	501(C)(3)	5,000.	0.			CAFETERIA IMPROVEMENTS SPECIFICALLY TO THE PURCHASE OF THE FAMILY STYLE DINING TABLES AND
STOP SOLDIER SUICIDE 5400 ETTA BURKE CT SUITE 202 RALEIGH, NC 27519	27-3512119	501(C)(3)	5,000.	0.			GENERAL PURPOSES.
AMERICAN WIDOW PROJECT PO BOX 1573 BUDA, TX 78610-1573	26-0901008	501(C)(3)	5,000.	0.			GENERAL PURPOSES.
VIRGINIA BIOTECHNOLOGY RESEARCH PARK - 800 EAST LEIGH STREET - RICHMOND, VA 23219	54-1640716	501(C)(3)	5,000.	0.			GENERAL PURPOSES W/ PREFERENCE GIVEN TO A VETERAN ENTREPRENEUR.

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
HABITAT FOR HUMANITY OF GREATER CHARLOTTESVILLE - 919 WEST MAIN STREET - CHARLOTTESVILLE, VA 22903	91-1914868	501(C)(3)	5,000.	0.			SOUTHWOOD - BAMA CHALLENGE GRANT.
SECOND STREET GALLERY 115 2ND STREET SE CHARLOTTESVILLE, VA 22902	23-7236126	501(C)(3)	5,000.	0.			STACEY EVANS EXHIBITION
TOM TOM FOUNDATION 660 HUNTERS PLACE SUITE 101 CHARLOTTESVILLE, VA 22911	46-2048771	501(C)(3)	5,000.	0.			GENERAL.
BRODY JEWISH CENTER AT UVA 1824 UNIVERSITY CIRCLE CHARLOTTESVILLE, VA 22903	54-6061871	501(C)(3)	5,000.	0.			SUPPORT ACTIVITIES OF JEWISH STUDENTS AT UVA
PLANNED PARENTHOOD SOUTH ATLANTIC 2964 HYDRAULIC ROAD CHARLOTTESVILLE, VA 22901	56-1282557	501(C)(3)	5,000.	0.			GENERAL PURPOSE
RIVANNA CONSERVATION ALLIANCE PO BOX 1503 CHARLOTTESVILLE, VA 22902	52-0194008	501(C)(3)	5,000.	0.			SUPPORTING PROGRAMS
ALBEMARLE COUNTY FAIR, INC P.O. BOX 121 NORTH GARDEN, VA 22959	54-1201575	501(C)(3)	5,000.	0.			SUPPORTING THE FAIR
CHARLOTTESVILLE TOMORROW P.O BOX 1591 CHARLOTTESVILLE, VA 22902	20-3013557	501(C)(3)	5,000.	0.			COMPREHENSIVE NEWS REPORTING OF RURAL ISSUES
CHURCH OF OUR SAVIOUR 1165 E RIO ROAD CHARLOTTESVILLE, VA 22901	31-1629166	501(C)(3)	5,000.	0.			ANNUAL CONTRIBUTION.

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
JEREMIAH PROGRAM 615 1ST AVENUE NE SUITE 210 MINNEAPOLIS, MN 55413	41-1801834	501(C)(3)	5,000.	0.			GENERAL EXPENSES INCURRED BY CHARLOTTESVILLE, VA
GIRL SCOUTS OF VIRGINIA SKYLINE COUNCIL - 3663 PETERS CREEK RD., NW - ROANOKE, VA 24019	54-0737207	501(C)(3)	5,000.	0.			GENERAL PURPOSE
SHELTER FOR HELP IN EMERGENCY PO BOX 1013 CHARLOTTESVILLE, VA 22902	54-1082222	501(C)(3)	5,000.	0.			GENERAL PURPOSE
CHARLOTTESVILLE FREE CLINIC 1138 ROSE HILL DR., SUITE 200 CHARLOTTESVILLE, VA 22903-5128	54-1610405	509(A)(1)	5,000.	0.			GENERAL PURPOSE
MEALS ON WHEELS OF CHARLOTTESVILLE-ALBEMARLE - 704 ROSE HILL DRIVE - CHARLOTTESVILLE, VA 22903	54-1061454	501(C)(3)	5,000.	0.			SCOTTSVILLE
LOVE INC (IN THE NAME OF CHRIST) 198 SPOTNAP ROAD, SUITE C-1 CHARLOTTESVILLE, VA 22911	54-1529492	501(C)(3)	5,000.	0.			GENERAL PURPOSE
GEORGIA'S FRIENDS PO BOX 926 CHARLOTTESVILLE, VA 22902	26-3473764	501(C)(3)	5,000.	0.			GENERAL PURPOSE
SENTARA MARTHA JEFFERSON HOSPITAL FOUNDATION - 500 MARTHA JEFFERSON DRIVE - CHARLOTTESVILLE, VA 22911	30-0041113	509(A)(3) TYPE I	5,000.	0.			GENERAL PURPOSE
THE BRIDGE PROGRESSIVE ARTS INITIATIVE - P. O. BOX 239 - CHARLOTTESVILLE, VA 22902	20-5528367	501(C)(3)	5,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
YALE UNIVERSITY YALE UNIV ALUMNI FD P.O. BOX 803 NEW HAVEN, CT 06503-0803	06-0646973	501(C)(3)	5,000.	0.			THE BENEFIT OF CLASS OF 87 GIFT
WINTERGREEN NATURE FOUNDATION RT. 1, BOX 770 ROSELAND, VA 22967	54-1689828	509(A)(2)	5,000.	0.			UNRESTRICTED
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5913090	501(C)(3)	5,000.	0.			GENERAL PURPOSE
JAMES MADISON UNIVERSITY FOUNDATION - 738 S. MASON ST. MSC 3516 - HARRISONBURG, VA 22807	23-7156305	501(C)(3)	5,000.	0.			STUDENT CHOLARSHIP
COLLEGE OF WILLIAM & MARY P.O. BOX 8795 WILLIAMSBURG, VA 23187-8795		501 (C)(3)	5,000.	0.			STUDENT SCHOLARSHIP
WILDLIFE CONSERVATION CENTER P. O. BOX 12 ARRINGTON, VA 22922	47-4760239	501(C)(3)	5,000.	0.			THE WILDLIFE HABITAT PROJECT
GREENE COUNTY PUBLIC SCHOOLS P.O. BOX 1140 STANARDSVILLE, VA 22973		501 (C)(3)	5,000.	0.			THE PURCHASE OF INSTRUMENTS AT WILLIAM MONROE HIGH SCHOOL
WILDLIFE CENTER OF VIRGINIA PO BOX 1557 WAYNESBORO, VA 22980	54-1215402	501(C)(3)	5,000.	0.			THE ENVIRONMENTAL EDUCATION PROGRAM
CHARLOTTESVILLE ABUNDANT LIFE MINISTRIES - P. O. BOX 71 - CHARLOTTESVILLE, VA 22902-0071	54-1858588	501(C)(3)	5,000.	0.			AFTER-SCHOOL TUTORING PROGRAM FOR ELEMENTARY STUDENTS

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
ADULT COMMUNITY EDUCATION P. O. BOX 872 LOUISA, VA 23093	54-1670786	501(C)(3)	5,000.	0.			THE SALARY OF THE EXECUTIVE DIRECTOR
ALBEMARLE HOUSING IMPROVEMENT PROGRAM - 2127 BERKMAR DRIVE - CHARLOTTESVILLE, VA 22901	54-1028220	509(A)(2)	5,000.	0.			THE CHILDREN SAFE AT HOME PROGRAM
ALLIANCE FOR INTERFAITH MINISTRIES (AIM) - 1025 PARK STREET - CHARLOTTESVILLE, VA 22901	52-1258674	501 (C)(3)	5,000.	0.			THE BETTER FUTURES PROGRAM
ALLIANCE FRANCAISE DE CHARLOTTESVILLE VIRGINIA INC. - 801 WEST MAIN STREET - CHARLOTTESVILLE, VA 22903	54-1694300	501(C)(3)	5,000.	0.			THE FRENCH INSTITUTE AFTER SCHOOL AND SUMMER FRENCH PROGRAM
AMERICAN RED CROSS C/O B. BRENT, 1105 ROSE HILL DR. CHARLOTTESVILLE, VA 22903	53-0196605	501(C)(3)	5,000.	0.			THE HOME FIRE CAMPAIGN
BLUE RIDGE AREA FOOD BANK P. O. BOX 937 VERONA, VA 24482-0937	52-1202644	501(C)(3)	5,000.	0.			MOBILE FOOD PANTRY
THE BRIDGE PROGRESSIVE ARTS INITIATIVE - P. O. BOX 239 - CHARLOTTESVILLE, VA 22902	20-5528367	501(C)(3)	5,000.	0.			THE CHARLOTTESVILLE PORTRAIT PROJECT
CHARLOTTESVILLE-ALBEMARLE SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - P. O. BOX 7047 - CHARLOTTESVILLE, VA 22906	54-0595009	501(C)(3)	5,000.	0.			THE 2017 SUMMER ART CAMP
CENTER FOR EARTH-BASED HEALING OF AIWP - 901 PIGEON HILL RD - ROSELAND, VA 22967	95-3455451	501 (C)(3)	5,000.	0.			11 FINANCIALLY DISADVANTAGED WOMEN TO ATTEND AN ECO-THERAPY PROGRAM

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
CENTRAL VIRGINIA HEALTH SERVICES INC. - PO BOX 220 - NEW CANTON, VA 23123	54-0887287	501 (C)(3)	5,000.	0.			CO-PAYS FOR MOTHERS TO RECEIVE DENTAL AND BEHAVIORAL HEALTH TREATMENTS
CHARLOTTESVILLE BALLET 1885 SEMINOLE TRAIL, SUITE 203 CHARLOTTESVILLE, VA 22901	90-0545068	501(C)(3)	5,000.	0.			THE CHANCE TO DANCE AFTER-SCHOOL DANCE EDUCATION OUTREACH PROGRAM
CHARLOTTESVILLE TOMORROW P.O BOX 1591 CHARLOTTESVILLE, VA 22902	20-3013557	501(C)(3)	5,000.	0.			IN-DEPTH COVERAGE OF LOCAL EDUCATION ISSUES
COLLEGE MENTORS FOR KIDS, INC. 212 W 10TH ST. STE B260 INDIANAPOLIS, IN 20002	35-2002052	501(C)(3)	5,000.	0.			YOUTH MENTORING AT THE UNIVERSITY OF VIRGINIA
COMPUTERS4KIDS 945 SECOND STREET, SE CHARLOTTESVILLE, VA 22902	54-1996936	501(C)(3)	5,000.	0.			THE 'DOCUMENTING AND LIVING HISTORY THROUGH STORYTELLING AND NATURE EXPLORATION' PROJECT
LOUISA COUNTY RESOURCE COUNCIL PO BOX 52 LOUISA, VA 23093	54-1648752	501(C)(3)	5,000.	0.			UTILITIES AND VEHICLE MAINTENANCE
READYKIDS 1000 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0546000	501(C)(3)	5,000.	0.			THE VICTIMS OF CHILD ABUSE (VOCA) PROGRAM
SHELTER FOR HELP IN EMERGENCY PO BOX 1013 CHARLOTTESVILLE, VA 22902	54-1082222	501(C)(3)	5,000.	0.			STAFFING AND OPERATIONAL COSTS OF OUTREACH SERVICES IN LOUISA COUNTY
FLUVANNA COUNTY PUBLIC SCHOOLS 14455 JAMES MADISON HIGHWAY PALMYRA, VA 22963	54-6025086	501 (C)(3)	5,000.	0.			ADULT LITERACY PROGRAMMING IN FLUVANNA COUNTY

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
EMERGENCY FOOD NETWORK P. O. BOX 4373 CHARLOTTESVILLE, VA 22905	51-0137371	501(C)(3)	5,000.	0.			GENERAL OPERATIONS
FRONT PORCH CVILLE 221 WATER ST. E CHARLOTTESVILLE, VA 22902	47-4040467	501(C)(3)	5,000.	0.			THE CHARLOTTESVILLE JAMS PROJECT
GREAT ASPIRATIONS SCHOLARSHIP PROGRAM, INC - 4551 COX ROAD STE. 115 - GLEN ALLEN, VA 23060	52-1277427	#501 (C)(3)	5,000.	0.			IN-SCHOOL FINANCIAL AID ADVISING AT BUCKINGHAM AND NELSON COUNTY HIGH SCHOOLS FOR THE 2017-2018
GREENE COUNTY PUBLIC SCHOOLS 64 MONROE DR STANARDSVILLE, VA 22973		501 (C)(3)	5,000.	0.			PURCHASE OF FOOD FOR THE LITTLE DRAGONS BACKPACK PROGRAM
JENKINS DONELSON FOUNDATION BOX 473 GARRISONVILLE, VA 22463	81-2222510	501(C)(3)	5,000.	0.			COSTS OF A FOOT HEALTH FAIR AND BACK TO SCHOOL DISTRIBUTION FOR UNDERSERVED FAMILIES IN
LAFAYETTE SCHOOL 103 ZION STATION ROAD TROY, VA 22974	31-1664802	501(C)(3)	5,000.	0.			THE CREATION OF QUILTS AND BLANKETS TO DONATE TO PROJECT LINUS
LOUISA DOWNTOWN DEVELOPMENT CORPORATION - PO BOX 2119 - LOUISA, VA 23093	54-2148881	501(C)(3)	5,000.	0.			YOUTH SUMMER ART CAMPS IN LOUISA COUNTY
MEDIATION CENTER OF CHARLOTTESVILLE - P.O. BOX 133 - CHARLOTTESVILLE, VA 22902	20-0199872	501(C)(3)	5,000.	0.			TRAINING COSTS OF MEDIATORS
NEW CITY ARTS INITIATIVE P. O. BOX 1293 CHARLOTTESVILLE, VA 22902	27-1865371	501(C)(3)	5,000.	0.			THE ARTIST-IN-RESIDENCE PROGRAM

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
NURSING HOMES SWING 2840 RIGGORY RIDGE RD. CHARLOTTESVILLE, VA 22911	31-1629166	501(C)(3)	5,000.	0.			CONCERTS IN NURSING AND ADULT DAY CARE CENTERS
PICKLEBERRY PIE, INC. PO BOX 1749 KOALA, HI 96756	77-0236666	501(C)(3)	5,000.	0.			THE HOSPITAL CONCERT SERIES AT UNIVERSITY OF VIRGINIA CHILDREN'S HOSPITAL
RESILIENCE EDUCATION PO BOX 4631 CHARLOTTESVILLE, VA 22905	46-1134670	501 (C)(3)	5,000.	0.			THE ACHIEVING SUCCESS IN PERSONAL FINANCE PROJECT
SERVICE DOGS OF VIRGINIA P. O. BOX 408 CHARLOTTESVILLE, VA 22902	54-1962908	501 (C)(3)	5,000.	0.			TRAINING OF A PHYSICAL ASSISTANCE DOG FOR A QUADRIPLLEGIC INDIVIDUAL
SIDE BY SIDE VA, INC. 2311 WESTWOOD AVE. RICHMOND, VA 23230	54-1572424	501(C)(3)	5,000.	0.			PROGRAMMING FOR LGBTQ MIDDLE SCHOOL YOUTH
STONEWALL JACKSON AREA COUNCIL BOY SCOUTS OF AMERICA - 801 HOPEMAN PARKWAY - WAYNESBORO, VA 22980	22-1576300	501(C)(3)	5,000.	0.			THE SCOUTREACH PROGRAM
ARTS CENTER OF ORANGE P. O. BOX 13 ORANGE, VA 22960	54-1840609	501(C)(3)	5,000.	0.			COMMUNITY OUTREACH PROGRAMMING
THE SHADY GROVE ROSENWALD SCHOOL, INC - P. O. BOX 175 - GUM SPRING, VA 23065	46-3586949	501(C)(3)	5,000.	0.			PAINT MATERIALS TO UPGRADE THE BUILDING
UNITED WAY-THOMAS JEFFERSON AREA 806 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0505882	501(C)(3)	5,000.	0.			THE SECOND ANNUAL EARLY EDUCATION TASKFORCE PRE-K SYMPOSIUM

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
UNIVERSITY OF VIRGINIA INFECTIOUS DISEASE CLINIC - P. O. BOX 800545 - CHARLOTTESVILLE, VA 22908-0545	54-6001796	501(C)(3)	5,000.	0.			A 4-DAY HIV/AIDS FAMILY CAMP AT CAMP HOLIDAY TRAILS
VIRGINIA CENTER FOR THE CREATIVE ARTS - 154 SAN ANGELO DRIVE - AMHERST, VA 24521 VICTORY HALL OPERA	23-7136000	501(C)(3)	5,000.	0.			FOUR FELLOWSHIPS FOR WRITERS, VISUAL ARTISTS, AND COMPOSERS
C/O WILLIAMS MULLEN, 321 E. MAIN ST. STE 400 - CHARLOTTESVILLE, VA 22902	47-4728172	501(C)(3)	5,000.	0.			THE PERFORMANCE OF 'SYMPATHY'
VIRGINIA CHAMBER MUSIC FOUNDATION PO BOX 1491 CHARLOTTESVILLE, VA 22902	54-2000976	501(C)(3)	5,000.	0.			THE 2017 CHARLOTTESVILLE CHAMBER MUSIC FESTIVAL
UNIVERSITY OF VIRGINIA RECTOR AND VISITORS - P. O. BOX 400807 - CHARLOTTESVILLE, VA 22904-4807	54-6001796	501(C)(3)	5,000.	0.			A COLLEGE ADVISOR PLACEMENT AT CHARLOTTESVILLE HIGH SCHOOL
HORSES AS HEALERS, INC. PO BOX 14 FREE UNION, VA 22940	52-2377190	501(C)(3)	5,000.	0.			GENERAL OPERATIONS
JEFFERSON AREA BOARD FOR AGING 674 HILLSDALE DRIVE, SUITE 9 CHARLOTTESVILLE, VA 22901	54-0990078	501(C)(3)	5,000.	0.			THE INSURANCE COUNSELING PROGRAM
JAMES RIVER ASSOCIATION 4833 OLD MAIN STREET RICHMOND, VA 23231-3035	51-0211913	501(C)(3)	5,000.	0.			THE 'OUR RIVER AT RISK' PROGRAM
LIGHT HOUSE STUDIO 121 EAST WATER STREET CHARLOTTESVILLE, VA 22902	54-2033510	501(C)(3)	5,000.	0.			PYMWYMI PROJECT.

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
ALBANY ACADEMY 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501 (C)(3)	5,000.	0.			ANNUAL FUND.
WARREN WILSON COLLEGE P. O. BOX 9000 ASHEVILLE, NC 28815	56-0767736	501 (C)(3)	5,000.	0.			STUDENT SCHOLARSHIP
UNIVERSITY OF SOUTHERN CAROLINA HONORS COLLEGE - 516 MAIN ST. - COLUMBIA, SC 29208		501 (C)(3)	5,000.	0.			STUDENT SCHOLARSHIP
OBERLIN COLLEGE 52 WEST LORAIN ST. OBERLIN, OH 44074	34-0714363	501(C)(3)	5,000.	0.			STUDENT SCHOLARSHIP
BRIDGEWATER COLLEGE 402 EAST COLLEGE STREET BRIDGEWATER, VA 22812	54-0506306	501 (C)(3)	5,000.	0.			STUDENT SCHOLARSHIP
COLLEGE OF WILLIAM & MARY BURSAR'S OFFICE/STUDENT ACCOUNTS WILLIAMSBURG, VA 23187-8795		501 (C)(3)	5,000.	0.			STUDENT SCHOLARSHIP
JAMES MADISON UNIVERSITY UNIVERSITY BUSINESS OFFICE HARRISONBURG, VA 22807	54-6001756	501 (C)(3)	5,000.	0.			STUDENT SCHOLARSHIP
THE UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131		501 (C)(3)	5,000.	0.			STUDENT SCHOLARSHIP
MONTPELIER FOUNDATION P.O. BOX 911 ORANGE, VA 22960	31-1620682	501(C)(3)	5,000.	0.			UNRESTRICTED SUPPORT.

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
BOYS AND GIRLS CLUB OF CENTRAL VIRGINIA EDUCATIONAL FOUNDATION - P.O. BOX 1612 - CHARLOTTESVILLE, VA 22902	46-5665300	501(C)(3)	5,000.	0.			GENERAL PURPOSE
BOYS AND GIRLS CLUB OF CENTRAL VIRGINIA EDUCATIONAL FOUNDATION - P.O. BOX 1612 - CHARLOTTESVILLE, VA 22902	46-5665300	501(C)(3)	5,000.	0.			GENERAL PURPOSE
MUNICIPAL BAND OF CHARLOTTESVILLE 1119 5TH ST. SW, SUITE B CHARLOTTESVILLE, VA 22902	54-6000058	501(C)(3)	5,000.	0.			GENERAL PURPOSE
GEORGIA'S FRIENDS PO BOX 926 CHARLOTTESVILLE, VA 22902	26-3473764	501(C)(3)	5,000.	0.			GENERAL PURPOSE
CHARLOTTESVILLE-ALBEMARLE SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - P. O. BOX 7047 - CHARLOTTESVILLE, VA 22906	54-0595009	501(C)(3)	5,000.	0.			CRITTER BALL
SENIOR CENTER 1180 PEPSI PLACE CHARLOTTESVILLE, VA 22901	54-0735666	501(C)(3)	5,000.	0.			GENERAL PURPOSE
NEW YORK UNIVERSITY 383 LAFAYETTE ST. 1ST FL NEW YORK, NY 10003		501 (C)(3)	5,000.	0.			STUDENT SCHOLARSHIP
BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA - P. O. BOX 707 - CHARLOTTESVILLE, VA 22902	54-1602004	501(C)(3)	5,000.	0.			GENERAL PURPOSE
ROCKFISH VALLEY COMMUNITY CENTER P. O. BOX 106 NELLYSFORD, VA 22958	54-1995069	501(C)(3)	5,000.	0.			THE PURCHASE AND INSTALLATION OF SOLAR PANELS AT ROCKFISH VALLEY COMMUNITY CENTER

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
BOYS AND GIRLS CLUB OF CENTRAL VIRGINIA EDUCATIONAL FOUNDATION - P.O. BOX 1612 - CHARLOTTESVILLE, VA 22902	46-5665300	501(C)(3)	5,000.	0.			ANNUAL FUND
BOYS AND GIRLS CLUB OF CENTRAL VIRGINIA EDUCATIONAL FOUNDATION - P.O. BOX 1612 - CHARLOTTESVILLE, VA 22902	46-5665300	501(C)(3)	5,000.	0.			UNRESTRICTED SUPPORT.
UNIVERSITY OF VIRGINIA STUDENT PAYMENT PROCESSING - P.O. BOX 400204 - CHARLOTTESVILLE, VA 22904		501(C)(3)	5,000.	0.			STUDENT SCHOLARSHIP
VIRGINIA COMMONWEALTH UNIVERSITY 1015 FLOYD AVE. RICHMOND, VA 23284		501(C)(3)	5,000.	0.			STUDENTSCHOLARSHIP
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR, MSN 3B5 FAIRFAX, VA 22030		501(C)(3)	5,000.	0.			STUDENT SCHOLARSHIP
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DR. RESTON, VA 20190	53-0204616	501 (C)(3)	5,000.	0.			GENERAL PURPOSE
WORLD WILDLIFE FUND, INC. 1250 TWENTY-FOURTH ST., NW WASHINGTON, DC 20090-7180	52-1693387	501 (C)(3)	5,000.	0.			GENERAL PURPOSE
JEFFERSON AREA CHIP 1469 GREENBRIER PLACE CHARLOTTESVILLE, VA 22901	26-2499048	501(C)(3)	5,000.	0.			GENERAL PURPOSE
BUILDING GOODNESS FOUNDATION PO BOX 4325 CHARLOTTESVILLE, VA 22905	54-1956136	501(C)(3)	5,000.	0.			GENERAL OPERATIONS.

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
BIG BROTHERS BIG SISTERS OF THE CENTRAL BLUE RIDGE - 1102 CARLTON AVE. - CHARLOTTESVILLE, VA 22902	54-1108066	501(C)(3)	5,000.	0.			COMMUNITY BASED MENTORING PROGRAM.
JEFFERSON AREA CHIP 1469 GREENBRIER PLACE CHARLOTTESVILLE, VA 22901	26-2499048	501(C)(3)	5,000.	0.			INTERPRETER SERVICES.
JEREMIAH PROGRAM 615 1ST AVENUE NE STE 201 MINNEAPOLIS, MN 55413	41-1801834	501(C)(3)	5,000.	0.			ESTABLISHING A TWO-GENERATION, HOLISTIC PROGRAM FOR LOW-INCOME SINGLE MOMS WITH YOUNG
VIRGINIA COMMONWEALTH UNIVERSITY 1015 FLOYD AVE. RICHMOND, VA 23284		501(C)(3)	5,000.	0.			STUDENT SCHOLARSHIP
GIVING HOPE FOUNDATION PO BOX 464 LOVINGSTON, VA 22949	45-4170000	501(C)(3)	5,000.	0.			HOPE FUNDS PROGRAM
AMERICAN RED CROSS C/O B. BRENT 1105 ROSE HILL DR. CHARLOTTESVILLE, VA 22903	53-0196605	501(C)(3)	5,000.	0.			DISASTER SERVICES: PERPAREDNESS, RESPONSE, AND RECOVERY
ST. THOMAS AQUINAS CATHOLIC CHURCH C/O FR. J. BARRANGER, 401 ALDERMAN CHARLOTTESVILLE, VA 22903		501(C)(3)	5,000.	0.			PROVIDING FOOD FOR POOR FAMILIES WITH CHILDREN
MILLER SCHOOL OF ALBEMARLE 1000 SAMUEL MILLER LOOP CHARLOTTESVILLE, VA 22903	54-0515717	501(C)(3)	5,000.	0.			THE BENEFIT OF THE LIBRARY
ALBEMARLE COUNTY POLICE FOUNDATION 1600 5TH STREET, SUITE D CHARLOTTESVILLE, VA 22902	54-1642231	501(C)(3)	5,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
VIRGINIA HORSE CENTER FOUNDATION 487 MAURY RIVER RD. LEXINGTON, VA 24450-3374	52-1388640	501(C)(3)	5,000.	0.			GENERAL PURPOSE
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5913090	501(C)(3)	5,000.	0.			GENERAL PURPOSE
BLUE RIDGE AREA FOOD BANK P. O. BOX 937 VERONA, VA 24482-0937	52-1202644	501(C)(3)	5,000.	0.			FEEDING HUNGRY SOLEY VIA BRAFB'S CHARLOTTESVILLE FACILITY
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5913090	501(C)(3)	5,000.	0.			GENERAL PURPOSE
INTERNATIONAL NEIGHBORS 2949 RIGGORY RIDGE RD. CHARLOTTESVILLE, VA 22911	47-4084246	501(C)(3)	5,000.	0.			PY - HELP FOR SUDANESE FAMILY
BLUE RIDGE SCHOOL INCORPORATED 273 MAYO DRIVE ST. GEORGE, VA 22935	54-0505868	501(C)(3)	5,000.	0.			GENERAL FUND
CHARLOTTESVILLE POLICE DEPARTMENT FOUNDATION - P. O. BOX 2631 - CHARLOTTESVILLE, VA 22902	38-3688424	501(C)(3)	5,000.	0.			THE 2017 APPRECIATION DINNER
SENTARA MARTHA JEFFERSON HOSPITAL FOUNDATION - 500 MARTHA JEFFERSON DRIVE - CHARLOTTESVILLE, VA 22911	30-0041113	509(A)(3) TYPE I	5,000.	0.			UNRESTRICTED USE
CENTER FOR NONPROFIT EXCELLENCE 1701-A ALLIED ST. CHARLOTTESVILLE, VA 22903	20-3412827	501(C)(3)	5,000.	0.			SUPPORT OF THE BOARD DEVELOPMENT ACADEMY

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
FRACTURED ATLAS PRODUCTIONS 248 W. 35TH STREET 10TH FL NEW YORK, NY 10001	11-3451703	501(C)(3)	5,000.	0.			PRESENCE CENTER FOR APPLIED THEATRE ARTS AND THE MIMA WORKSHOPS FOR YOUTH AT FRIENDSHIP COURT
EMERGENCY FOOD NETWORK P. O. BOX 4373 CHARLOTTESVILLE, VA 22905	51-0137371	501(C)(3)	5,000.	0.			GENERAL PURPOSE
LEGAL AID JUSTICE CENTER 1000 PRESTON AVENUE, SUITE A CHARLOTTESVILLE, VA 22903	54-0884513	501(C)(3)	5,000.	0.			GENERAL PURPOSE
CONGREGATION BETH ISRAEL P. O. BOX 320 CHARLOTTESVILLE, VA 22902	51-0210891	501(C)(3)	5,000.	0.			SUSTAINERS CONTRIBUTION
TREASURER OF VIRGINIA TECH 150 STUDENT SERVICES BLDG. BLACKSBURG, VA 24061		501 (C)(3)	5,000.	0.			STUDENT SCHOLARSHIP
COLLEGE OF WILLIAM & MARY P.O. BOX 8795 WILLIAMSBURG, VA 23187-8795		501 (C)(3)	5,000.	0.			STUDENT SCHOLARSHIP
SENTARA MARTHA JEFFERSON HOSPITAL FOUNDATION - 500 MARTHA JEFFERSON DRIVE - CHARLOTTESVILLE, VA 22911	30-0041113	509(A)(3) TYPE I	5,000.	0.			HADEN INSTITUTE FOR NURSING EXCELLENCE& INNOVATION
THOMAS JEFFERSON AREA COALITION FOR THE HOMELESS - 112 WEST MARKET STREET - CHARLOTTESVILLE, VA 22902	26-4577927	501(C)(3)	5,000.	0.			GENERAL PURPOSE
UNIVERSITY OF VIRGINIA MILLER CENTER FOUNDATION - PO BOX 400807 - CHARLOTTESVILLE, VA 22904-4807	54-1420895	501(C)(3)	5,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
VIABILITY, INC. 5 FRANKLIN ST. NORTHAMPTON, MA 01060	51-0178661	501(C)(3)	5,000.	0.			"TO HELP RESIDENTS OF THE CONNECTICUT COMMUNITY RESIDENTIAL PROGRAM LOCATED IN EAST
REACH OUT AND READ 12929 CHURCH ROAD RICHMOND, VA 23233	04-3481253	501(C)(3)	5,000.	0.			PROVIDING ALL PEDIATRIC PATIENTS 0-5 WITH A FREE BOOK AT EACH VISIT TO ENCOURAGE PARENTS READING
ROCKY MOUNTAIN BIOLOGICAL LABORATORY AT GOTHIC - P. O. BOX 519 - CRESTED BUTTE, CO 81224	84-6050523	501(C)(3)	5,000.	0.			FOR ANNUAL FUND
SENTARA MARTHA JEFFERSON HOSPITAL FOUNDATION - 500 MARTHA JEFFERSON DRIVE - CHARLOTTESVILLE, VA 22911	30-0041113	509(A)(3) TYPE I	5,000.	0.			ANNUAL CAMPAIGN
INTERNATIONAL RESCUE COMMITTEE 609 EAST MARKET STREET, SUITE 104 CHARLOTTESVILLE, VA 22902	13-5660870	501(C)(3)	5,000.	0.			GENERAL PURPOSE
PLANNED PARENTHOOD SOUTH ATLANTIC 2964 HYDRAULIC ROAD CHARLOTTESVILLE, VA 22901	56-1282557	501(C)(3)	5,000.	0.			GENERAL PURPOSE
COLLEGE FOUNDATION OF THE UNIVERSITY OF VIRGINIA - 2410 OLD IVY ROAD, SUITE 100 - CHARLOTTESVILLE, VA 22904	54-2009312	501(C)(3)	5,000.	0.			GENERAL PURPOSE
VIRGINIA COMMONWEALTH UNIVERSITY SCHOOL OF SOCIAL WORK - P. O. BOX 842027 - RICHMOND, VA 23284-2027		501 (C)(3)	5,000.	0.			GENERAL PURPOSE
YALE UNIVERSITY YALE ALUMNI FD, P.O. BOX 803 NEW HAVEN, CT 06503-0803	06-0646973	501(C)(3)	5,000.	0.			FINANCIAL AID FBO CLASS OF 1987 GIFT

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
UNITED STATES ASSOCIATION FOR UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES - 1775 K STREET NW, NO. 580 - WASHINGTON, DC 20006	52-1662800	501(C)(3)	5,000.	0.			GENERAL PURPOSE
BLUE RIDGE AREA FOOD BANK P. O. BOX 937 VERONA, VA 24482-0937	52-1202644	501(C)(3)	5,000.	0.			GENERAL PURPOSE
CHARLOTTESVILLE FREE CLINIC 1138 ROSE HILL DR., SUITE 200 CHARLOTTESVILLE, VA 22903-5128	54-1610405	509(A)(1)	5,000.	0.			GENERAL PURPOSE
VIRGINIA ORGANIZING 703 CONCORD AVENUE CHARLOTTESVILLE, VA 22903	54-1674992	501(C)(3)	5,000.	0.			BELOVED COMMUNITY CVILLE
MONTPELIER FOUNDATION P.O. BOX 911 ORANGE, VA 22960	31-1620682	501(C)(3)	5,000.	0.			GENERAL PURPOSE
LAFAYETTE SCHOOL 103 ZION STATION ROAD TROY, VA 22974	31-1664802	501(C)(3)	5,000.	0.			ART THERAPY PROGRAMS
MONTPELIER FOUNDATION P.O. BOX 911 ORANGE, VA 22960	31-1620682	501(C)(3)	5,000.	0.			PLANNING, PERMITTING, AND FIELD DESIGN OF THE TRAIL SYSTEM EXPANSION
RISE TOGETHER 410 HAZEL GROVE LANE CROZET, VA 22932	82-1940153	501(C)(3)	5,000.	0.			MENTORSHIPS BETWEEN UNIVERSITY OF VIRGINIA STUDENTS AND K-12 STUDENTS IN
ROCKFISH VALLEY FOUNDATION PO BOX 235 NELLYSFORD, VA 22958	20-3481268	501(C)(3)	5,000.	0.			THE SALARY OF A MANAGING DIRECTOR

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
CORNERSTONE YOUTH EMPOWERMENT FOUNDATION - 1739 ALLIED ST. - CHARLOTTESVILLE, VA 22903	81-5442035	501(C)(3)	5,000.	0.			THE SPECIAL ATHLETES PROGRAM
VIRGINIA FOUNDATION FOR THE HUMANITIES AND PUBLIC POLICY - 145 EDNAM DRIVE - CHARLOTTESVILLE, VA 22903	54-1435523	501(C)(3)	5,000.	0.			THE RECRUITMENT OF DIVERSE AUTHORS FOR THE 2018 VIRGINIA BOOK FESTIVAL
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5913090	501(C)(3)	5,000.	0.			THE SISTER CIRCLE PROGRAM
CHARLOTTESVILLE T'AI CHI CENTER 206 EAST WATER STREET CHARLOTTESVILLE, VA 22902	20-1001285	501(C)(3)	5,000.	0.			THE SENIOR CITIZEN PROGRAM
LOVE INC (IN THE NAME OF CHRIST) 198 SPOTNAP ROAD, SUITE C-1 CHARLOTTESVILLE, VA 22911	54-1529492	501(C)(3)	5,000.	0.			THE TRANSFORMATIONAL MINISTRY INITIATIVE
MIMA MUSIC PO BOX 1513 TROY, MI 48099	06-1736291	501(C)(3)	5,000.	0.			A COLLABORATIVE SONGWRITING WORKSHOP
ORANGE COUNTY OFFICE ON YOUTH 146 MADISON ROAD STE 205 ORANGE, VA 22960		501 (C)(3)	5,000.	0.			THE PURCHASE OF DRUNK DRIVING PREVENTION EDUCATIONAL MATERIALS
RISE TOGETHER 410 HAZEL GROVE LANE CROZET, VA 22932	82-1940153	501(C)(3)	5,000.	0.			MENTORSHIPS BETWEEN UNIVERSITY OF VIRGINIA STUDENTS AND K-12 STUDENTS AT LOCAL SCHOOLS
SHENANDOAH VALLEY ART CENTER 122 S. WAYNE AVENUE WAYNESBORO, VA 22980	53-1335637	501(C)(3)	5,000.	0.			COMPLETION OF THE OPEN CONCEPT STUDIO INFRASTRUCTURE

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
SPAY/NEUTER ALL PETS P. O. BOX 1277 LOUISA, VA 23093	54-1837089	501(C)(3)	5,000.	0.			THE 'SPAY THE MAMA' PROGRAM
VIRGINIA CONSORT 1658 BRANDYWINE DRIVE CHARLOTTESVILLE, VA 22901	54-1562982	509(A)(2)	5,000.	0.			THE 2018 SUMMER CHORAL ACADEMY
WHISTLE WORDS 5871 SAINT GEORGE AVE. CROZET, VA 22932		501(C)(3)	5,000.	0.			WRITING WORKSHOPS FOR WOMEN IMPACTED BY CANCER
STU-COMM - WNRN, WNRS 2250 OLD IVY RD., SUITE 2 CHARLOTTESVILLE, VA 22903	54-1681363	501(C)(3)	5,000.	0.			THE 'HEAR TOGETHER' SHOWCASES
BLUE RIDGE AREA FOOD BANK P. O. BOX 937 VERONA, VA 24482-0937	52-1202644	501(C)(3)	5,000.	0.			GENERAL PURPOSE
LEGAL AID JUSTICE CENTER 1000 PRESTON AVENUE, SUITE A CHARLOTTESVILLE, VA 22903	54-0884513	501(C)(3)	5,000.	0.			UNRESTRICTED
VIRGINIA MUSEUM OF FINE ARTS FOUNDATION - 200 NORTH BOULEVARD - RICHMOND, VA 23286-0986	51-0205333	501(C)(3)	5,000.	0.			GENERAL PURPOSE
GEORGIA'S FRIENDS PO BOX 926 CHARLOTTESVILLE, VA 22902	26-3473764	501(C)(3)	5,000.	0.			GENERAL PURPOSE
PLANNED PARENTHOOD SOUTH ATLANTIC 2964 HYDRAULIC ROAD CHARLOTTESVILLE, VA 22901	56-1282557	501(C)(3)	5,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
BUILDING GOODNESS FOUNDATION 128 CARLTON ROAD CHARLOTTESVILLE, VA 22902	54-1956136	501(C)(3)	5,000.	0.			GENERAL PURPOSE
CHARLOTTESVILLE TOMORROW P.O BOX 1591 CHARLOTTESVILLE, VA 22902	20-3013557	501(C)(3)	5,000.	0.			GENERAL PURPOSE
REPRESENT.US EDUCATION FUND P. O. BOX 60008 FLORENCE, MA 01062	26-3088283	501(C)(3)	5,000.	0.			GENERAL PURPOSE
ONEVIRGINIA2021 P.O. BOX 1054 RICHMOND, VA 23218	46-4733304	501(C)(3)	5,000.	0.			GENERAL PURPOSE
WVTF PUBLIC RADIO PO BOX 2737 ROANOKE, VA 24001-2737		501 (C)(3)	5,000.	0.			GENERAL PURPOSE
CHARLOTTESVILLE DOGWOOD FOUNDATION P.O. BOX 6193 CHARLOTTESVILLE, VA 22906	47-2957324	501(C)(3)	5,000.	0.			THE PURCHASE OF STEEL PLAQUES AND FLAGPOLE LIGHTING FIXTURES
AMERICAN CANCER SOCIETY 1445 E. RIO ROAD, SUITE 104 CHARLOTTESVILLE, VA 22901	13-1788491	501 (C)(3)	5,007.	0.			RELAY FOR LIFE AT UVA. CHEERS FOR CHARITY PROGRAM
PIEDMONT CASA 818 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-1704064	501(C)(3)	5,230.	0.			GENERAL PURPOSE
LIBERTY UNIVERSITY P.O. BOX 10425 LYNCHBURG, VA 24506	54-0946734	501(C)(3)	5,250.	0.			STUDENT SCHOLARSHIP

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
JAMES MADISON UNIVERSITY 738 S. MASON ST. MSC 3516 HARRISONBURG, VA 22807	54-6001756	501 (C)(3)	5,250.	0.			STUDENT SCHOLARSHIP
LYNCHBURG COLLEGE 1501 LAKESIDE DR. LYNCHBURG, VA 24501		501 (C)(3)	5,250.	0.			STUDENT SCHOLARSHIP
LIBERTY UNIVERSITY P.O. BOX 10425 LYNCHBURG, VA 24506	54-0946734	501(C)(3)	5,250.	0.			STUDENT SCHOLARSHIP
RANDOLPH COLLEGE 2500 RIVERMONT AVENUE LYNCHBURG, VA 24503		501 (C)(3)	5,250.	0.			STUDENT SCHOLARSHIP
SHENANDOAH NATIONAL PARK TRUST 404 EIGHTH ST, NE, SUITE D CHARLOTTESVILLE, VA 22902	20-8685310	501(C)(3)	5,336.	0.			CHEERS FOR CHARITY.
POSTPARTUM SUPPORT VIRGINIA, INC. P.O. BOX 7521 ARLINGTON, VA 22207	26-3029233	501(C)(3)	5,472.	0.			TWO PEER SUPPORT GROUPS FOR WOMEN EXPERIENCING POSTPARTUM DEPRESSION
GRACE EPISCOPAL CHURCH P. O. BOX 43 KESWICK, VA 22947		501 (C)(3)	5,500.	0.			ANNUAL DONATION
EASTERN MENNONITE UNIVERSITY 1200 PARK RD HARRISONBURG, VA 22802	54-0575812	501(C)(3)	5,551.	0.			STUDENT SCHOLARSHIP
CITY OF CHARLOTTESVILLE PARKS AND RECREATION - P. O. BOX 911 - CHARLOTTESVILLE, VA 22902		170(C)(1)	5,595.	0.			SUNDAY SUNDOWNS.

Schedule I (Form 990)

**CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION**

Schedule I (Form 990)

54-1506312

Page 1

<b>Part II</b> 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
NATURAL RESOURCES DEFENSE COUNCIL, INC. - 1152 15TH ST. NW SUITE 300 - WASHINGTON, DC 20005	13-2654926	501 (C)(3)	5,640.	0.			GENERAL PURPOSE
CHARLOTTESVILLE DAY SCHOOL 320 10TH ST., NE CHARLOTTESVILLE, VA 22902-5317	26-0496863	501 (C)(3)	5,963.	0.			STUDENT SCHOLARSHIP
CONGREGATION BETH ISRAEL P. O. BOX 320 CHARLOTTESVILLE, VA 22902	51-0210891	501(C)(3)	6,000.	0.			CONGREGATION BETH ISRAEL PRESCHOOL ENDOWMENT FUND - \$1,000 AND SUSTAINERS PROGRAM - \$5,000
WESTMINSTER-CANTERBURY OF THE BLUE RIDGE FOUNDATION - 250 PANTOPS MOUNTAIN RD. - CHARLOTTESVILLE, VA 22911	54-1882970	501(C)(3)	6,000.	0.			FELLOWSHIP FUND
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
ADULT COMMUNITY EDUCATION P. O. BOX 872 LOUISA, VA 23093	54-1670786	501(C)(3)	6,000.	0.			THE EXECUTIVE DIRECTOR'S SALARY
LOUISA COUNTY HISTORICAL SOCIETY PO BOX 1172 LOUISA, VA 23093	23-7058587	501(C)(3)	6,000.	0.			RESEARCH ON A LOCAL AFRICAN-AMERICAN BURIAL SITE AND AWARENESS OF ENSLAVED INDIVIDUALS IN
JEFFERSON AREA BOARD FOR AGING 674 HILLSDALE DRIVE, SUITE 9 CHARLOTTESVILLE, VA 22901	54-0990078	501(C)(3)	6,000.	0.			INSURANCE COUNSELING PROGRAM IN NELSON COUNTY.
AUGUSTA REGIONAL FREE CLINIC P.O. BOX 153 FISHERSVILLE, VA 22939	54-1651896	501(C)(3)	6,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
NURSING HOMES SWING 2840 RIGGORY RIDGE RD. CHARLOTTESVILLE, VA 22911	31-1629166	501(C)(3)	6,000.	0.			OUTREACH PROGRAMS
ADULT COMMUNITY EDUCATION P. O. BOX 872 LOUISA, VA 23093	54-1670786	501(C)(3)	6,000.	0.			THE EXECUTIVE DIRECTOR'S SALARY
CREATIVE WORKS FARM INC. 528 ROCK MOUNTAIN LANE CRIMORA, VA 24431	90-0814949	501(C)(3)	6,000.	0.			GENERAL OPERATIONS
ROCKFISH WILDLIFE SANCTUARY PO BOX 3 CHARLOTTESVILLE, VA 22902	51-0498181	501(C)(3)	6,000.	0.			COSTS ASSOCIATED WITH BUILDING A NEW ACCLIMATION ENCLOSURE AND EXPANSION OF
WELLESLEY COLLEGE 106 CENTRAL ST. WELLESLEY, MA 02481-8203	04-2103637	501(C)(3)	6,200.	0.			ANNUAL GIVING. PLEASE ALLOCATE \$1,200 IN INCREMENTS OF \$200 EACH TO THE FOLLOWING: STUDENT
INNISFREE 5505 WALNUT LEVEL ROAD CROZET, VA 22932	23-7087873	501(C)(3)	6,200.	0.			THE PURCHASE OF A NEW MIXER FOR THE BAKERY
PIEDMONT ENVIRONMENTAL COUNCIL PO BOX 460 WARRENTON, VA 20188	54-0935569	501(C)(3)	6,350.	0.			THE SMALL FARM DREAM COURSE
CITY OF CHARLOTTESVILLE PARKS AND RECREATION - P. O. BOX 911 - CHARLOTTESVILLE, VA 22902		170(C)(1)	6,495.	0.			PARKS & REC SPECIAL EVENTS.
UNIVERSITY OF VIRGINIA ATHLETICS FOUNDATION - PO BOX 400833 - CHARLOTTESVILLE, VA 22904	54-0517188	501(C)(3)	6,500.	0.			JAMES O. WEST SCHOLARSHIP

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
ALLEGHENY MOUNTAIN INSTITUTE P.O. BOX 542 STAUNTON, VA 24402	46-5717620	501(C)(3)	6,500.	0.			PAYING INSTRUCTORS WHO EDUCATE PARTICIPANTS IN THE ALLEGHENY MOUNTAIN INSTITUTE FELLOWSHIP
KLUGE-RUHE ABORIGINAL ART COLLECTION OF THE UNIVERSITY OF VIRGINIA - 400 WORRELL DRIVE - CHARLOTTESVILLE, VA 22911	54-6001796	501(C)(3)	6,500.	0.			A NEW PERMANENT EXHIBIT AT THE ENTRANCE GALLERY
CITY OF CHARLOTTESVILLE PARKS AND RECREATION - P. O. BOX 911 - CHARLOTTESVILLE, VA 22902		170(C)(1)	6,550.	0.			SUPPORTING SUNDAY SUNDOWNS
MUSICIANS UNITED TO SERVE THE YOUTH OF CHARLOTTESVILLE - D/B/A MUSIC RESOURCE CENTER - CHARLOTTESVILLE, VA 22902	54-1678386	501(C)(3)	6,635.	0.			FUNDING FOR THE IMPROVEMENTS TO THE PERFORMANCE HALL
BIG BROTHERS BIG SISTERS OF THE CENTRAL BLUE RIDGE - 1102 CARLTON AVE. - CHARLOTTESVILLE, VA 22902	54-1108066	501(C)(3)	6,750.	0.			UNRESTRICTED.
CITY OF CHARLOTTESVILLE PARKS AND RECREATION - P. O. BOX 911 - CHARLOTTESVILLE, VA 22902		170(C)(1)	6,939.	0.			2017 DOWNTOWN SAFE HALLOWEEN
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN ST., SUITE 14 CHARLOTTESVILLE, VA 22902-5065	52-1436778	509(A)(1)	6,948.	0.			PLANNING
CHARLOTTESVILLE CITY SCHOOLS 1562 DAIRY ROAD CHARLOTTESVILLE, VA 22903	54-6001203	501 (C)(3)	6,953.	0.			TO CHARLOTTESVILLE HIGH SCHOOL TO COVER ORCHESTRA EXPENSES ASSOCIATED WITH NASHVILLE STUDENTS' VISIT
AMHERST-NELSON CARES LTD 3679 PHARSALIA ROAD TYRO, VA 22967	46-0621650	#501 (C)(3)	7,000.	0.			"NELSON KID CARE" TO PROVIDE WEEKEND SUPPLEMENTAL FOOD

Schedule I (Form 990)

**CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION**

Schedule I (Form 990)

54-1506312

Page 1

**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
CHESAPEAKE BAY FOUNDATION 6 HERNDON AVENUE ANNAPOLIS, MD 21403	52-6065757	501(C)(3)	7,000.	0.			SUPPORTING BMP FARM PROJECT
JEFFERSON AREA CHIP 1469 GREENBRIER PLACE CHARLOTTESVILLE, VA 22901	26-2499048	501(C)(3)	7,000.	0.			GENERAL OPERATIONS IN LOUISA COUNTY
LIVE ARTS P. O. BOX 1231 CHARLOTTESVILLE, VA 22902	54-1527799	509(A)(2)	7,000.	0.			GENERAL PROGRAMMING
CHARLOTTESVILLE CITY SCHOOLS 1562 DAIRY ROAD CHARLOTTESVILLE, VA 22903	54-6001203	501 (C)(3)	7,000.	0.			THE NATURE-NURTURE PROGRAM IN PARTNERSHIP WITH WILDROCK
PEOPLE AND CONGREGATIONS ENGAGED IN MINISTRY (PACEM) - PO BOX 14 - CHARLOTTESVILLE, VA 22902	20-1434855	501(C)(3)	7,000.	0.			SHELTER AND CASE MANAGEMENT SERVICES FOR HOMELESS YOUTH AND OTHER INDIVIDUALS
UNIVERSITY OF VIRGINIA FILM FESTIVAL - PO BOX 400869 - CHARLOTTESVILLE, VA 22904	54-6001796	501 (C)(3)	7,000.	0.			OUR O&E PROGRAM SERVES THE VFF'S MISSION TO USE FILM TO ENCOURAGE PERSONAL AND SOCIAL
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR, MSN 3B5 FAIRFAX, VA 22030		501(C)(3)	7,000.	0.			STUDENT SCHOLARSHIP
VIRGINIA DEPARTMENT OF FORESTRY 900 NATURAL RESOURCES DR STE 800 CHARLOTTESVILLE, VA 22903		501(C)(3)	7,000.	0.			TO SUPPORT YOUTH FORESTRY EDUCATIONAL OPPORTUNITIES, FORESTRY FIELD DAY FOR ADULTS,
JEFFERSON SCHOOL AFRICAN-AMERICAN HERITAGE CENTER - 233 4TH NW - CHARLOTTESVILLE, VA 22903	47-5411481	501 (C)(3)	7,000.	0.			ROBERT READ EXHIBITION

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
YOUTH DEVELOPMENT COUNCIL OF GREENE COUNTY - P.O. BOX 1162 - STANARDSVILLE, VA 22973	46-2873873	501(C)(3)	7,000.	0.			GENERAL PURPOSE
SALVATION ARMY P. O. BOX 296 CHARLOTTESVILLE, VA 22902	13-5562351	501(C)(3)	7,000.	0.			GENERAL PURPOSE
DEPAUL COMMUNITY RESOURCES 1020 CARRINGTON PLACE STE 100 CHARLOTTESVILLE, VA 22903	54-1108079	#501 (C)(3)	7,000.	0.			FINANCIAL ASSISTANCE PAYMENTS FOR HOMELESS YOUTH
RICHMOND BALLET 407 EAST CANAL ST. RICHMOND, VA 23219	54-6049848	501(C)(3)	7,000.	0.			THE MINDS IN MOTION PROGRAM
RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN STREET CHICAGO, IL 60612	36-2174823	501(C)(3)	7,000.	0.			PAYMENT ON LIPTAY/BONOMI FIVE-YEAR GIFT.
HOSPICE OF THE PIEDMONT 675 PETER JEFFERSON PARKWAY, SUITE CHARLOTTESVILLE, VA 22911	52-1205921	501(C)(3)	7,045.	0.			GENERAL PURPOSES
LEWIS AND CLARK EXPLORATORY CENTER OF VIRGINIA - P. O. BOX 281 - CHARLOTTESVILLE, VA 22902	54-2014680	UNKNOWN	7,060.	0.			"ARTIST IN NATURE" WORKSHOPS
HOSPICE OF THE PIEDMONT 675 PETER JEFFERSON PARKWAY, SUITE CHARLOTTESVILLE, VA 22911	52-1205921	501(C)(3)	7,118.	0.			GENERAL PURPOSES
HEAD COUNT 104 W. 29TH STREET 11TH FL NEW YORK, NY 10001	77-0626772	501(C)(3)	7,346.	0.			GENERAL PURPOSE

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
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
SCOTTSVILLE SENIOR CENTER 715 HUMMINGBIRD RD SCOTTSVILLE, VA 24590	54-0990078	501(C)(3)	7,500.	0.			GENERAL PURPOSE
STONEWALL JACKSON AREA COUNCIL BOY SCOUTS OF AMERICA - 801 HOPEMAN PARKWAY - WAYNESBORO, VA 22980	22-1576300	501(C)(3)	7,500.	0.			A REFRIGERATOR
PIEDMONT VIRGINIA COMMUNITY COLLEGE - 501 COLLEGE DRIVE - CHARLOTTESVILLE, VA 22902		501(C)(3)	7,500.	0.			SCHOLARSHIP FUND
FLUVANNA MEALS ON WHEELS 105 CROFTON PLAZA, SUITE 8 PALMYRA, VA 22963	26-0185272	501(C)(3)	7,500.	0.			THE EMERGENCY FOOD BAG PROGRAM AND HOLIDAY MEAL PROGRAM
INTERNATIONAL NEIGHBORS 2949 RIGGORY RIDGE RD. CHARLOTTESVILLE, VA 22911	47-4084246	501(C)(3)	7,500.	0.			THE NEIGHBOR NETWORK AND KIDS IN CAMP PROGRAM
RIVANNA CONSERVATION ALLIANCE PO BOX 1503 CHARLOTTESVILLE, VA 22902	52-0194008	501(C)(3)	7,500.	0.			THE STREAMWATCH VOLUNTEER WATER QUALITY MONITORING PROGRAM
ELK HILL FARM P. O. BOX 99 GOOCHLAND, VA 23063	23-7071154	501(C)(3)	7,500.	0.			THE EDUCATION FOR EMPLOYMENT PROGRAM
VANDERBILT UNIVERSITY 2305 W END AVE. NASHVILLE, TN 37203-1727		501 (C)(3)	7,500.	0.			STUDENT SCHOLARSHIP

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
FRIENDS OF THE BLUE RIDGE PARKWAY INC. - 4419 PHEASANT RIDGE RD BLDG 2 STE 101 - ROANOKE, VA 24014	58-1854404	501(C)(3)	7,500.	0.			THE 2017 SEASON CONCERTS AND FESTIVALS OF THE BLUE RIDGE PARKWAY'S HUMPBAC ROCKS CHAPTER
STANFORD UNIVERSITY 355 GALVEZ ST. STANFORD, CA 94305		501 (C)(3)	7,500.	0.			STUDENT SCHOLARSHIP
MONTPELIER FOUNDATION P.O. BOX 911 ORANGE, VA 22960	31-1620682	501(C)(3)	7,500.	0.			ANNUAL SUPPORT
LEGAL AID JUSTICE CENTER 1000 PRESTON AVENUE, SUITE A CHARLOTTESVILLE, VA 22903	54-0884513	501(C)(3)	7,500.	0.			GENERAL PURPOSE
ROCKFISH VALLEY COMMUNITY CENTER P. O. BOX 106 NELLYSFORD, VA 22958	54-1995069	501(C)(3)	7,500.	0.			THE 'GREEN INITIATIVE TOO' BUILDING IMPROVEMENTS
ALL BLESSINGS FLOW 3509 W. MONACAN DR. CHARLOTTESVILLE, VA 22901-1029	82-1806020	501(C)(3)	7,500.	0.			GENERAL OPERATIONS
MADISON HOUSE 170 RUGBY ROAD CHARLOTTESVILLE, VA 22903	54-0519591	501(C)(3)	7,500.	0.			THE LATINX AND MIGRANT AID PROGRAM
CENTER FOR NONPROFIT EXCELLENCE 1701-A ALLIED ST. CHARLOTTESVILLE, VA 22903	20-3412827	501(C)(3)	7,500.	0.			THE CLASS TUITION FOR THE COLAB PROGRAM
PIEDMONT HOUSING ALLIANCE 682 BERKMAR CIRCLE CHARLOTTESVILLE, VA 22901	52-1361731	501(C)(3)	7,500.	0.			COMMUNITY BUILDING AT FRIENDSHIP COURT APARTMENTS

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
PLANNED PARENTHOOD SOUTH ATLANTIC 2964 HYDRAULIC ROAD CHARLOTTESVILLE, VA 22901	56-1282557	501(C)(3)	7,500.	0.			SEXUAL HEALTH EDUCATION IN THE CHARLOTTESVILLE AREA
SENIOR CENTER 1180 PEPSI PLACE CHARLOTTESVILLE, VA 22901	54-0735666	501(C)(3)	7,500.	0.			GENERAL OPERATIONS
SPECIAL OLYMPICS - VIRGINIA 3212 SKIPWITH ROAD, SUITE 100 RICHMOND, VA 23294	54-1013637	501(C)(3)	7,500.	0.			THE 2018 XPERIENCE TENNIS TOURNAMENT
THE HAVEN AT FIRST & MARKET 112 W. MARKET STREET CHARLOTTESVILLE, VA 22902	47-1841856	501(C)(3)	7,500.	0.			GENERAL OPERATIONS
CORNERSTONE YOUTH EMPOWERMENT FOUNDATION - 1739 ALLIED ST. - CHARLOTTESVILLE, VA 22903	81-5442035	501(C)(3)	7,500.	0.			THE SPECIAL ATHLETES PROGRAM
ST. PAUL'S IVY EPISCOPAL CHURCH PO BOX 37 IVY, VA 22945		501 (C)(3)	7,500.	0.			GENERAL
HEATHER HEYER FOUNDATION P.O. BOX 7153 CHARLOTTESVILLE, VA 22906		501 (C)(3)	7,500.	0.			GENERAL PURPOSE
HEATHER HEYER FOUNDATION P.O. BOX 7153 CHARLOTTESVILLE, VA 22906		501 (C)(3)	7,500.	0.			GENERAL PURPOSE
ALL GOD'S CHILDREN CHILD DEVELOPMENT CENTER - 900 GLENDOWER RD. - SCOTTSVILLE, VA 24590	47-3596188	501 (C)(3)	8,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
ARC OF THE PIEDMONT 509 PARK ST CHARLOTTESVILLE, VA 22902	54-0740243	501(C)(3)	8,000.	0.			OUTDOOR FURNITURE AND ACTIVITY ITEMS
BLUE RIDGE HEALTH CENTER 4038 THOMAS NELSON HIGHWAY ARRINGTON, VA 22922	54-1222147	501(C)(3)	8,000.	0.			BUILDING RENOVATIONS
FEEDING GREENE, INC. 41A FORD AVENUE STANARDSVILLE, VA 22973	27-4637486	501(C)(3)	8,000.	0.			THE CLIENT CHOICE PROGRAM AND MONTHLY MEAT PROGRAM IN GREENE COUNTY
LOUISA COUNTY RESOURCE COUNCIL PO BOX 52 LOUISA, VA 23093	54-1648752	501(C)(3)	8,000.	0.			GENERAL OPERATIONS
PIEDMONT REGIONAL DENTAL CLINIC P. O. BOX 151 ORANGE, VA 22960	27-0625764	501(C)(3)	8,000.	0.			THE PURCHASE OF DENTAL EQUIPMENT FOR LOW-INCOME CHILDREN AND ADULTS IN ORANGE AND GREENE COUNTY
VIRGINIA DISCOVERY MUSEUM PO BOX 1128 CHARLOTTESVILLE, VA 22902	54-1189268	501(C)(3)	8,000.	0.			THE SPONSORED ADMISSION PROGRAM
GREENE COUNTY PUBLIC SCHOOLS P. O. BOX 1140 STANARDSVILLE, VA 22973		501 (C)(3)	8,000.	0.			PURCHASE OF EQUIPMENT FOR THE HVAC-R PROGRAM AT WILLIAM MONROE HIGH SCHOOL
NELSON COUNTY COMMUNITY DEVELOPMENT FOUNDATION - PO BOX 57 - LOVINGSTON, VA 22949	54-1509522	509(A)(1)	8,000.	0.			EMERGENCY REPAIR FOR ELDERLY AND DISABLED
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5913090	501(C)(3)	8,000.	0.			UNRESTRICTED USE

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
UNITY IN COMMUNITY OUTREACH MINISTRY - P.O. BOX 55 - ROSELAND, VA 22967	41-2260416	501(C)(3)	8,000.	0.			FINANCIAL ASSISTANCE PAYMENTS TO NELSON COUNTY RESIDENTS
CHARLOTTESVILLE SYMPHONY SOCIETY P. O. BOX 4206 CHARLOTTESVILLE, VA 22905	54-1800245	501(C)(3)	8,000.	0.			THE AFTER-SCHOOL VIOLIN PROGRAM AT THE JAMES RIVER BOYS & GIRLS CLUB IN SCOTTSVILLE
UNITY IN COMMUNITY OUTREACH MINISTRY - P.O. BOX 55 - ROSELAND, VA 22967	41-2260416	501(C)(3)	8,000.	0.			FINANCIAL ASSISTANCE PAYMENTS TO NELSON COUNTY RESIDENTS
CONGREGATION BETH ISRAEL P. O. BOX 320 CHARLOTTESVILLE, VA 22902	51-0210891	501(C)(3)	8,035.	0.			SUPPORT CBI
UNITY IN COMMUNITY OUTREACH MINISTRY - P.O. BOX 55 - ROSELAND, VA 22967	41-2260416	501(C)(3)	8,500.	0.			ASSISTANCE TO NELSON COUNTY INDIVIDUALS/FAMILIES
VIRGINIA DISCOVERY MUSEUM PO BOX 1128 CHARLOTTESVILLE, VA 22902	54-1189268	501(C)(3)	8,500.	0.			THE DISCOVER OUTDOORS EXHIBIT
SHEPHERD OF THE HILLS CATHOLIC CHURCH - C/O REV. FR. M. MUGOMBA P.O. BOX 83 - QUINQUE, VA 22965		501(C)(3)	8,642.	0.			GENERAL PURPOSE
ON OUR OWN CHARLOTTESVILLE PO BOX 1066 CHARLOTTESVILLE, VA 22902	54-1583431	501(C)(3)	9,000.	0.			GENERAL PURPOSE
JEFFERSON AREA BOARD FOR AGING 674 HILLSDALE DRIVE, SUITE 9 CHARLOTTESVILLE, VA 22901	54-0990078	501(C)(3)	9,000.	0.			THE PURCHASE OF IPODS, HEADPHONES, AND SONGS FOR THE MUSIC AND MEMORY PROGRAM AT MOUNTAINSIDE

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
LOUISA COUNTY HISTORICAL SOCIETY PO BOX 1172 LOUISA, VA 23093	23-7058587	501(C)(3)	9,095.	0.			THE 'WITH OUR HEARTS LISTEN' COMMUNITY ENGAGEMENT PROJECT ON RACE
CAMP ALBEMARLE, INCORPORATED 1675 4-H WAY CHARLOTTESVILLE, VA 22891	52-1330200	501(C)(3)	9,300.	0.			COSTS ASSOCIATED WITH CABIN RENOVATIONS
CHARLOTTESVILLE PRIDE COMMUNITY NETWORK - P.O. BOX 1512 - CHARLOTTESVILLE, VA 22902	45-5537813	501(C)(3)	9,500.	0.			THE YOUTH PROGRAMS AND OUTREACH EFFORTS FOR LGBTQ YOUTH IN THE CHARLOTTESVILLE AREA
SIERRA CLUB FOUNDATION 2101 WEBSTER ST. STE 1250 OAKLAND, CA 94612	94-6069890	501(C)(3)	9,568.	0.			SIERRA CLUB, VIRGINIA CHAPTER
CHARLOTTESVILLE T'AI CHI CENTER 206 EAST WATER STREET CHARLOTTESVILLE, VA 22902	20-1001285	501(C)(3)	9,600.	0.			TEACHER TRAINING COSTS
GALLASTAR EQUINE CENTER 722 GREENFIELD MTN. FARMS AFTON, VA 22920	31-1507741	501 (C)(3)	9,800.	0.			A WEEK-LONG SUMMER CAMP FOR 14 REFUGEE CHILDREN
THE FOUNTAIN FUND P.O. BOX 2301 CHARLOTTESVILLE, VA 22902		501(C)(3)	9,800.	0.			GENERAL OPERATIONS
ALBEMARLE CHARLOTTESVILLE HISTORICAL SOCIETY - 200 SECOND STREET, NE - CHARLOTTESVILLE, VA 22902-5245	54-6052638	501(C)(3)	9,911.	0.			PROJECT CONTINUATION - ARCHIVING PROGRAM
LOOKING OUT FOUNDATION P.O. BOX 150227 NASHVILLE, TN 37215	45-5300890	501(C)(3)	10,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
LEGAL AID JUSTICE CENTER 1000 PRESTON AVENUE, SUITE A CHARLOTTESVILLE, VA 22903	54-0884513	501(C)(3)	10,000.	0.			GENERAL OPERATING FUNDS
VIRGINIA ORGANIZING 703 CONCORD AVENUE CHARLOTTESVILLE, VA 22903	54-1674992	501(C)(3)	10,000.	0.			GENERAL PURPOSES. THIS IS THE SECOND INSTALLMENT OF A 3 YEAR GRANT (\$30,000 TOTAL). AS A
TEEN CHALLENGE NORTH CENTRAL VIRGINIA - P.O. BOX 5471 - FREDERICKSBURG, VA 22403	11-3642526	501(C)(3)	10,000.	0.			TEEN CHALLENGE IN FREDERICKSBURG FOR KENDALL STACEY DORMITORY
TRINITY EPISCOPAL CHURCH 1118 PRESTON AVENUE CHARLOTTESVILLE, VA 22903		501 (C)(3)	10,000.	0.			THE BACKYARD PLAYGROUND PROJECT
UNIVERSITY OF VIRGINIA RECTOR AND VISITORS - P.O. BOX 400889 - CHARLOTTESVILLE, VA 22904	54-6001796	501 (C)(3)	10,000.	0.			FULL-TIME "NEER PEER" COLLEGE ADVISOR PLACEMENT AT NELSON COUNTY HIGH SCHOOL
BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA - P. O. BOX 707 - CHARLOTTESVILLE, VA 22902	54-1602004	501(C)(3)	10,000.	0.			GENERAL PURPOSES
YMCA OF GREATER RICHMOND 2 WEST FRANKLIN STREET RICHMOND, VA 23220	54-0505986	501(C)(3)	10,000.	0.			YMCA VETERANS FAMILY MEMBERSHIP WITH PRIORITY GOING TO THE FAMILY OF A KIA/DECEASED VETERAN.
JEFFERSON AREA CHIP 1469 GREENBRIER PLACE CHARLOTTESVILLE, VA 22901	26-2499048	501(C)(3)	10,000.	0.			SERVE FUND GOAL OF ELIMINATING INEQUALITY OF OPPORTUNITY.
BLUE RIDGE AREA FOOD BANK P. O. BOX 937 VERONA, VA 24482-0937	52-1202644	501(C)(3)	10,000.	0.			IMPROVE FOOD SECURITY.

Schedule I (Form 990)

**CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION**

Schedule I (Form 990)

54-1506312

Page 1

**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
CACF COMMUNITY ENDOWMENT P.O. BOX 1767 CHARLOTTESVILLE, VA 22902		501 (C)(3)	10,000.	0.			OVERALL COMMUNITY SUPPORT.
PIEDMONT FAMILY YMCA 233 4TH ST., NW, SUITE Y CHARLOTTESVILLE, VA 22903	54-1717336	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN - MCINTIRE PARK FACILITY.
ROADRUNNER FOOD BANK OF NEW MEXICO 5840 OFFICE BLVD. ALBUQUERQUE, NM 87109	85-0278525	501(C)(3)	10,000.	0.			INCREASE FOOD SECURITY
GOOD NEWS JAIL & PRISON MINISTRY 411 E. HIGH ST CHARLOTTESVILLE, VA 22902	54-0703077	501(C)(3)	10,000.	0.			GENERAL PURPOSE
THE FIRST TEE OF GREATER CHARLOTTE 2661 BARRINGER DRIVE CHARLOTTE, NC 28208	56-2245026	501(C)(3)	10,000.	0.			I. B. GRAINGER SCHOLARSHIP.
TOM TOM FOUNDATION 660 HUNTERS PLACE SUITE 101 CHARLOTTESVILLE, VA 22911	46-2048771	501(C)(3)	10,000.	0.			TOM TOM FOUNDERS FESTIVAL 2017 ART PROGRAMMING
PIEDMONT CASA 818 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-1704064	501(C)(3)	10,000.	0.			PIEDMONT CASA'S ADVOCACY AND SUPPORT SERVICES FOR ABUSED AND NEGLECTED YOUTH
CHARLOTTESVILLE CITY SCHOOLS 1562 DAIRY ROAD CHARLOTTESVILLE, VA 22903	54-6001203	501 (C)(3)	10,000.	0.			CHS ORCHESTRA 2017 TRIP TO IRELAND
CITY OF CHARLOTTESVILLE P. O. BOX 591 CHARLOTTESVILLE, VA 22902-0591		170(C)(1)	10,000.	0.			MENTAL HEALTH COALITION

Schedule I (Form 990)

**CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION**

Schedule I (Form 990)

54-1506312

Page 1

**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
ST. PAUL'S MEMORIAL CHURCH 1700 UNIVERSITY AVENUE CHARLOTTESVILLE, VA 22903		501 (C)(3)	10,000.	0.			GENERAL PURPOSE
HOLIDAY LAKE 4-H EDUCATIONAL CENTER - 1267 4H CAMP RD. - APPOMATTOX, VA 24522	54-6003131	501(C)(3)	10,000.	0.			SUPPORTING CAMP SCHOLARSHIPS
ELK HILL FARM P. O. BOX 99 GOOCHLAND, VA 23063	23-7071154	501(C)(3)	10,000.	0.			THE ELK HILL CHARLOTTESVILLE DAY SCHOOL GARDEN
VIRGINIA ORGANIZING 703 CONCORD AVENUE CHARLOTTESVILLE, VA 22903	54-1674992	501(C)(3)	10,000.	0.			THE URBAN AGRICULTURAL COLLECTIVE OF CHARLOTTESVILLE SUPPORTING THE FOOD
SENIOR CENTER 1180 PEPSI PLACE CHARLOTTESVILLE, VA 22901	54-0735666	501(C)(3)	10,000.	0.			GENERAL PURPOSE
ALBEMARLE HOUSING IMPROVEMENT PROGRAM - 2127 BERKMAR DRIVE - CHARLOTTESVILLE, VA 22901	54-1028220	509(A)(2)	10,000.	0.			GENERAL PURPOSE
SALVATION ARMY P. O. BOX 296 CHARLOTTESVILLE, VA 22902	13-5562351	501(C)(3)	10,000.	0.			GENERAL PURPOSE
HOSPICE OF THE PIEDMONT 675 PETER JEFFERSON PARKWAY, SUITE CHARLOTTESVILLE, VA 22911	52-1205921	501(C)(3)	10,000.	0.			GENERAL PURPOSE
VIRGINIA HORSE CENTER FOUNDATION 487 MAURY RIVER RD. LEXINGTON, VA 24450-3374	52-1388640	501(C)(3)	10,000.	0.			BONNIE BLUE HORSE SHOW SUPPORT.

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
JAMES MADISON UNIVERSITY - WMRA-FM 983 RESERVOIR STREET HARRISONBURG, VA 22801-4350	54-6001756	501(C)(3)	10,000.	0.			\$5000 FOR A CHALLENGE GRANT; \$5000 FOR NEWS AND INFORMATION.
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5913090	501(C)(3)	10,000.	0.			FOUNDERS CIRCLE
NELSON COUNTY HABITAT FOR HUMANITY PO BOX 338 NELLYSFORD, VA 22958	54-1679791	501(C)(3)	10,000.	0.			PROGRAM SUPPORT.
THOMAS JEFFERSON FOUNDATION P.O. BOX 316 CHARLOTTESVILLE, VA 22902	54-0505959	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT.
FOCUSED ULTRASOUND SURGERY FOUNDATION - 1230 CEDARS COURT, SUITE F - CHARLOTTESVILLE, VA 22903	20-5744808	501(C)(3)	10,000.	0.			UNRESTRICTED SUPPORT.
THOMAS JEFFERSON FOUNDATION P.O. BOX 316 CHARLOTTESVILLE, VA 22902	54-0505959	501(C)(3)	10,000.	0.			RESTRICTED SUPPORT FOR ENDOWED EDITOR POSITION.
SEATTLE JAZZED 3201 E. REPUBLICAN ST. SEATTLE, WA 98112	27-1440873	501(C)(3)	10,000.	0.			GENERAL PURPOSE
SHIRTS ACROSS AMERICA C/O WEWORK 500 YALE AVE N. SEATTLE, WA 98109	45-3975579	501(C)(3)	10,000.	0.			SCHOLARSHIP FUNDRAISING
ST. THOMAS AQUINAS CATHOLIC CHURCH C/O FR. J. BARRANGER, 401 ALDERMAN CHARLOTTESVILLE, VA 22903		501(C)(3)	10,000.	0.			CONSTRUCTION OF NEW CHURCH

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
PRINCETON UNIVERSITY 330 ALEXANDER ST. PRINCETON, NJ 08540	21-0634501	501(C)(3)	10,000.	0.			ANNUAL GIVING FROM DIANA FOSTER '72 AND THOMAS HANNA JONES '72.
BARRETT EARLY LEARNING CENTER 410 RIDGE ST. CHARLOTTESVILLE, VA 22902	54-0505867	501(C)(3)	10,000.	0.			PHASE II OF THE MASTER PLAN BUILDING RENOVATION
JEFFERSON SCHOOL AFRICAN-AMERICAN HERITAGE CENTER - 233 4TH NW - CHARLOTTESVILLE, VA 22903	47-5411481	501 (C)(3)	10,000.	0.			A JEFFERSON COLORED HIGH SCHOOL STUDENT DATABASE
MUSICIANS UNITED TO SERVE THE YOUTH OF CHARLOTTESVILLE - 105 RIDGE ST. - CHARLOTTESVILLE, VA 22902	54-1678386	501(C)(3)	10,000.	0.			SCHOLARSHIPS FOR AFTERSCHOOL MUSIC PROGRAMS
ON OUR OWN CHARLOTTESVILLE PO BOX 1066 CHARLOTTESVILLE, VA 22902	54-1583431	501(C)(3)	10,000.	0.			SUPPORT OF RECOVERY GROUPS
SCOTTSVILLE VOLUNTEER FIRE DEPT PO BOX 381 SCOTTSVILLE, VA 24590-0381	51-0235532	501(C)(3)	10,000.	0.			THE PURCHASE OF UPGRADED MOBILE RADIOS
SIN BARRERAS/ WITHOUT BORDERS P.O. BOX 6433 CHARLOTTESVILLE, VA 22906	46-1040727	501(C)(3)	10,000.	0.			THE SALARY OF A FULL-TIME STAFF MEMBER
TANDEM FRIENDS SCHOOL 279 TANDEM LANE CHARLOTTESVILLE, VA 22902	23-7063914	501(C)(3)	10,000.	0.			DIVERSITY SCHOLARSHIPS FOR THE 2017-2018 SCHOOL YEAR
MEALS ON WHEELS OF CHARLOTTESVILLE-ALBEMARLE - 704 ROSE HILL DRIVE - CHARLOTTESVILLE, VA 22903	54-1061454	501(C)(3)	10,000.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
INTERNATIONAL RESCUE COMMITTEE 609 EAST MARKET STREET, SUITE 104 CHARLOTTESVILLE, VA 22902	13-5660870	501(C)(3)	10,000.	0.			THE IMMIGRATION PROGRAM
EMORY & HENRY COLLEGE P. O. BOX 950 EMORY, VA 24327	54-0505892	501(C)(3)	10,000.	0.			ANNUAL GIFT - UNRESTRICTED.
UNIVERSITY OF VIRGINIA STUDENT PAYMENT PROCESSING - P.O. BOX 400204 - CHARLOTTESVILLE, VA 22904		501(C)(3)	10,000.	0.			STUDENT SCHOLARSHIP
SHENANDOAH UNIVERSITY 1460 UNIVERSITY DRIVE WINCHESTER, VA 22601	54-0525605	501(C)(3)	10,000.	0.			STUDENT SCHOLARSHIP
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVE PITTSBURGH, PA 15213		501 (C)(3)	10,000.	0.			STUDENT SCHOLARSHIP
TREASURER OF VIRGINIA TECH 150 STUDENT SERVICES BLDG. BLACKSBURG, VA 24061		501 (C)(3)	10,000.	0.			STUDENT SCHOLARSHIP
BROWN UNIVERSITY BOX 1827, 69 BROWN ST. PROVIDENCE, RI 02912	05-0258809	501(C)(3)	10,000.	0.			STUDENT SCHOLARSHIP
GEORGETOWN UNIVERSITY 37 TH & O STREETS NW. WASHINGTON, DC 20057		501 (C)(3)	10,000.	0.			STUDENT SCHOLARSHIP
THE PROGERIA RESEARCH FOUNDATION P. O. BOX 3453 PEABODY, MA 01961-3453	04-3460220	501(C)(3)	10,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
UNIVERSITY OF VIRGINIA STUDENT PAYMENT PROCESSING - P.O. BOX 400204 - CHARLOTTESVILLE, VA 22904		501(C)(3)	10,000.	0.			STUDENT SCHOLARSHIP
MOTHERS OUT FRONT INC. PO BOX 55071 BOSTON, MA 02205-5071	46-5758600	501(C)(3)	10,000.	0.			GENERAL PURPOSE
APPALACHIAN VOICES 812 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	56-2049956	501(C)(3)	10,000.	0.			GENERAL PURPOSE
CHARLOTTESVILLE-ALBEMARLE RESCUE SQUAD - 828 MCINTIRE ROAD - CHARLOTTESVILLE, VA 22902	54-0784350	501(C)(3)	10,000.	0.			GENERAL PURPOSE
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5913090	501(C)(3)	10,000.	0.			GENERAL PURPOSE
WHTJ/COMMONWEALTH PUBLIC BROADCASTING CORP - 23 SESAME STREET - RICHMOND, VA 23235	54-0735782	501(C)(3)	10,000.	0.			GENERAL PURPOSE
ALLIANCE FOR INTERFAITH MINISTRIES (AIM) - 1025 PARK STREET - CHARLOTTESVILLE, VA 22901	52-1258674	501 (C)(3)	10,000.	0.			GENERAL PURPOSE
BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA - P. O. BOX 707 - CHARLOTTESVILLE, VA 22902	54-1602004	501(C)(3)	10,000.	0.			GENERAL PURPOSE
WRITERHOUSE P. O. BOX 222 CHARLOTTESVILLE, VA 22902	26-2082047	501(C)(3)	10,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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 HOUSING IMPROVEMENT PROGRAM - 2127 BERKMAR DRIVE - CHARLOTTESVILLE, VA 22901	54-1028220	509(A)(2)	10,000.	0.			GENERAL PURPOSE
PLANNED PARENTHOOD SOUTH ATLANTIC 2964 HYDRAULIC ROAD CHARLOTTESVILLE, VA 22901	56-1282557	501(C)(3)	10,000.	0.			GENERAL PURPOSE
VIRGINIA INSTITUTE OF AUTISM 943 GLENWOOD STATION LN SUITE 201 CHARLOTTESVILLE, VA 22901	54-1815297	501(C)(3)	10,000.	0.			GENERAL PURPOSE
BOW FOUNDATION P.O. BOX 5612 CHARLOTTESVILLE, VA 22905	82-1323389	501(C)(3)	10,000.	0.			GENERAL PURPOSE
PLANNED PARENTHOOD SOUTH ATLANTIC 2964 HYDRAULIC ROAD CHARLOTTESVILLE, VA 22901	56-1282557	501(C)(3)	10,000.	0.			ANNUAL LNCHEON.
REHABILITATION INSTITUTE OF CHICAGO - 345 E. SUPERIOR STREET - CHICAGO, IL 60611	36-2256036	501(C)(3)	10,000.	0.			SUPPORT CAPITAL CAMPAIGN FOR NEW BUILDING.
BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA - P. O. BOX 707 - CHARLOTTESVILLE, VA 22902	54-1602004	501(C)(3)	10,000.	0.			YANCEY AFTER SCHOOL ENRICHMENT PROJECT
AMERICAN WIDOW PROJECT PO BOX 1573 BUDA, TX 78610-1573	26-0901008	501(C)(3)	10,000.	0.			AMERICAN WIDOW PROJECT WEEKEND WITH DREAMCATCHERS IN TOANO/WILLIAMSBURG IN
FRIENDS OF ACADIA P. O. BOX 45 BAR HARBOR, ME 04609	01-0425071	501(C)(3)	10,000.	0.			HURRICANE RELIEF

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
AMERICAN NATIONAL RED CROSS PO BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	10,000.	0.			GENERAL PURPOSE
ST. JOHN FAMILY LIFE AND 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.
FOCUSED ULTRASOUND SURGERY FOUNDATION - 1230 CEDARS COURT, SUITE F - CHARLOTTESVILLE, VA 22903	20-5744808	501(C)(3)	10,000.	0.			ANNUAL FUND
ALBEMARLE COUNTY PUBLIC SCHOOLS 401 MCINTIRE ROAD CHARLOTTESVILLE, VA 22902-4596	54-6001102	OTHER	10,000.	0.			SUPPORTING THE "EXCURSIONS" OF THE 2018 IMMERSON EXCURSION SUMMER PROGRAM
CHARLOTTESVILLE TOMORROW P.O BOX 1591 CHARLOTTESVILLE, VA 22902	20-3013557	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
HOSPICE OF THE PIEDMONT 675 PETER JEFFERSON PARKWAY, SUITE CHARLOTTESVILLE, VA 22911	52-1205921	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
LEWIS AND CLARK EXPLORATORY CENTER OF VIRGINIA - P. O. BOX 281 - CHARLOTTESVILLE, VA 22902	54-2014680	UNKNOWN	10,000.	0.			GENERAL OPERATING SUPPORT
LIGHT HOUSE STUDIO 121 EAST WATER STREET CHARLOTTESVILLE, VA 22902	54-2033510	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
LIVE ARTS P. O. BOX 1231 CHARLOTTESVILLE, VA 22902	54-1527799	509(A)(2)	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
ON OUR OWN CHARLOTTESVILLE PO BOX 1066 CHARLOTTESVILLE, VA 22902	54-1583431	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PEOPLE AND CONGREGATIONS ENGAGED IN MINISTRY (PACEM) - PO BOX 14 - CHARLOTTESVILLE, VA 22902	20-1434855	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PARTNER FOR MENTAL HEALTH 911 EAST JEFFERSON STREET CHARLOTTESVILLE, VA 22902	54-0789661	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ROCKFISH WILDLIFE SANCTUARY PO BOX 3 CHARLOTTESVILLE, VA 22902	51-0498181	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
VIRGINIA SUPPORTIVE HOUSING P. O. BOX 8585 RICHMOND, VA 23226	54-1444564	501(C)(3)	10,000.	0.			SUPPORTING THE CROSSINGS
WILDLIFE CENTER OF VIRGINIA PO BOX 1557 WAYNESBORO, VA 22980	54-1215402	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
NARAL PRO-CHOICE OREGON P.O. BOX 40472 PORTLAND, OR 97240	93-0700353	501(C)(4)	10,000.	0.			GENERAL PURPOSE
VOICES FOR ANIMALS P. O. BOX 4466 CHARLOTTESVILLE, VA 22905	54-1418303	501(C)(3)	10,000.	0.			GENERAL PURPOSE
PIEDMONT CASA 818 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-1704064	501(C)(3)	10,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION**

Schedule I (Form 990)

54-1506312

Page 1

<b>Part II</b> 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
MUNICIPAL BAND OF CHARLOTTESVILLE 1119 5TH ST. SW STE B CHARLOTTESVILLE, VA 22902	54-6000058	501(C)(3)	10,000.	0.			GENERAL PURPOSE
MUNICIPAL BAND OF CHARLOTTESVILLE 1119 5TH ST. SW STE B CHARLOTTESVILLE, VA 22902	54-6000058	501(C)(3)	10,000.	0.			GENERAL PURPOSE
ALBANY ACADEMY 135 ACADEMY ROAD ALBANY, NY 12208	14-1338579	501 (C)(3)	10,000.	0.			DR. DOUGLAS M. NORTH, SCHOLARSHIP FUND
FLUVANNA MEALS ON WHEELS 105 CROFTON PLAZA, SUITE 8 PALMYRA, VA 22963	26-0185272	501(C)(3)	10,000.	0.			GENERAL PURPOSE
THE FOUNTAIN FUND P.O. BOX 2301 CHARLOTTESVILLE, VA 22902		501(C)(3)	10,000.	0.			GENERAL PURPOSE
FREEDOM SERVICE DOGS, INC. 7193 S DILLON CT ENGLEWOOD, CO 80112	84-1068936	501(C)(3)	10,000.	0.			GENERAL PURPOSE
HABITAT FOR HUMANITY OF GREATER CHARLOTTESVILLE - 919 WEST MAIN STREET - CHARLOTTESVILLE, VA 22903	91-1914868	501(C)(3)	10,000.	0.			GENERAL PURPOSE
LUPUS RESEARCH ALLIANCE 275 MADISON AVENUE 10TH FL NEW YORK, NY 10016	58-2492929	501(C)(3)	10,000.	0.			LUPUS RESEARCH ALLIANCE GALA (NOT ATTENDING)
BLUE RIDGE AREA FOOD BANK P. O. BOX 937 VERONA, VA 24482-0937	52-1202644	501(C)(3)	10,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
BLUE RIDGE AREA FOOD BANK P. O. BOX 937 VERONA, VA 24482-0937	52-1202644	501(C)(3)	10,000.	0.			GENERAL PURPOSE
ALBEMARLE HOUSING IMPROVEMENT PROGRAM - 2127 BERKMAR DRIVE - CHARLOTTESVILLE, VA 22901	54-1028220	509(A)(2)	10,000.	0.			GENERAL PURPOSE
PIEDMONT FAMILY YMCA 674 HILLSDALE DR., SUITE 4 CHARLOTTESVILLE, VA 22901	54-1717336	501(C)(3)	10,000.	0.			GENERAL PURPOSE
CAHABA FOUNDATION P. O. BOX 465 SELMA, AL 36702-0465	26-1899901	501(C)(3)	10,000.	0.			GENERAL PURPOSE
HOSPICE OF THE PIEDMONT 675 PETER JEFFERSON PARKWAY, SUITE CHARLOTTESVILLE, VA 22911	52-1205921	501(C)(3)	10,000.	0.			THE CENTER OF CHILDREN
INTERNATIONAL NEIGHBORS 2949 RIGGORY RIDGE RD. CHARLOTTESVILLE, VA 22911	47-4084246	501(C)(3)	10,000.	0.			GENERAL OPERATIONS
JEFFERSON AREA BOARD FOR AGING 674 HILLSDALE DRIVE, SUITE 9 CHARLOTTESVILLE, VA 22901	54-0990078	501(C)(3)	10,000.	0.			THE SENIOR NUTRITION PROGRAM
LEGAL AID JUSTICE CENTER 1000 PRESTON AVENUE, SUITE A CHARLOTTESVILLE, VA 22903	54-0884513	501(C)(3)	10,000.	0.			IMMIGRANT ADVOCACY EFFORTS
LOAVES & FISHES FOOD PANTRY INC. PO BOX 8001 CHARLOTTESVILLE, VA 22906	45-1498743	501(C)(3)	10,000.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

**CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION**

Schedule I (Form 990)

54-1506312

Page 1

**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
MUNICIPAL BAND OF CHARLOTTESVILLE 1119 5TH ST. SW STE B CHARLOTTESVILLE, VA 22902	54-6000058	501(C)(3)	10,000.	0.			THE 2018 FREE CONCERTS
MUSICIANS UNITED TO SERVE THE YOUTH OF CHARLOTTESVILLE - 105 RIDGE ST. - CHARLOTTESVILLE, VA 22902	54-1678386	501(C)(3)	10,000.	0.			THE FAME TO TRACK PROGRAM
NEW CITY ARTS INITIATIVE P. O. BOX 1293 CHARLOTTESVILLE, VA 22902	27-1865371	501(C)(3)	10,000.	0.			THE CHARLOTTESVILLE SOUP PROGRAM
ORANGE COUNTY FREE CLINIC 13296-A JAMES MADISON HWY. ORANGE, VA 22960	25-1922019	501(C)(3)	10,000.	0.			THE CHRONIC PATIENT CARE MANAGEMENT
PIEDMONT FAMILY YMCA 674 HILLSDALE DR., SUITE 4 CHARLOTTESVILLE, VA 22901	54-1717336	501(C)(3)	10,000.	0.			CHILDCARE SCHOLARSHIPS
THE HAVEN AT FIRST & MARKET 112 W. MARKET STREET CHARLOTTESVILLE, VA 22902	47-1841856	501(C)(3)	10,000.	0.			GENERAL OPERATIONS
THE HOMELESS ENTREPRENEUR: FROM SUITCASE TO BRIEFCASE - 37 BURNS PLAZA UNIT 7 - PALMYRA, VA 22963	81-5351140	501(C)(3)	10,000.	0.			RENTAL OF AN OFFICE SPACE AND PURCHASE OF EDUCATIONAL MATERIALS
THERAPEUTIC ADVENTURES P.O. BOX 4668 CHARLOTTESVILLE, VA 22905	54-1779203	501(C)(3)	10,000.	0.			GENERAL OPERATIONS
UNIVERSITY OF VIRGINIA RECTOR AND VISITORS - P.O. BOX 400807 - CHARLOTTESVILLE, VA 22904-4807	54-6001796	501 (C)(3)	10,000.	0.			A COLLEGE ADVISOR AT BUCKINGHAM COUNTY HIGH SCHOOL

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
VIRGINIA DISCOVERY MUSEUM PO BOX 1128 CHARLOTTESVILLE, VA 22902	54-1189268	501(C)(3)	10,000.	0.			THE SPONSORED ADMISSION PROGRAM
WILDROCK 2521 SUMMIT RIDGE TRAIL CHARLOTTESVILLE, VA 22911	47-5279299	501(C)(3)	10,000.	0.			THE ON SOLID PROGRAM
UNIVERSITY OF VIRGINIA RECTOR AND VISITORS - P. O. BOX 400807 - CHARLOTTESVILLE, VA 22904-4807	54-6001796	501 (C)(3)	10,000.	0.			THE GLOBAL CHARLOTTESVILLE PROGRAMMING
YOUTH DEVELOPMENT COUNCIL OF GREENE COUNTY - P.O. BOX 1162 - STANARDSVILLE, VA 22973	46-2873873	501(C)(3)	10,000.	0.			AFTER-SCHOOL PROGRAMMING FOR MIDDLE SCHOOL STUDENTS
CHARLOTTESVILLE ABUNDANT LIFE MINISTRIES - P. O. BOX 71 - CHARLOTTESVILLE, VA 22902-0071	54-1858588	501(C)(3)	10,000.	0.			AFTER-SCHOOL TUTORING AT JOHNSON ELEMENTARY, WALKER UPPER, AND BUFORD MIDDLE SCHOOLS
ALBEMARLE COUNTY POLICE FOUNDATION 1600 5TH STREET, SUITE D CHARLOTTESVILLE, VA 22902	54-1642231	501(C)(3)	10,000.	0.			DOWN PAYMENT ASSISTANCE FOR ALBEMARLE COUNTY POLICE OFFICERS
ALBEMARLE COUNTY SHERIFF'S OFFICE FOUNDATION - 3315 BERKMAR DEIVE SUITE 2C - CHARLOTTESVILLE, VA 22901	54-1642231	501(C)(3)	10,000.	0.			THE PURCHASE OF BULLETPROOF VESTS FOR VOLUNTEER DEPUTIES
BRIDGE MINISTRY P.O. BOX 2402 CHARLOTTESVILLE, VA 22902	54-1820614	501(C)(3)	10,000.	0.			COSTS ASSOCIATED WITH RENOVATING THE LIBRARY
BUILDING GOODNESS FOUNDATION PO BOX 4325 CHARLOTTESVILLE, VA 22905	54-1956136	501(C)(3)	10,000.	0.			THE LOCAL PROJECTS PROGRAM

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
CHARLOTTESVILLE CITY SCHOOLS 1562 DAIRY ROAD CHARLOTTESVILLE, VA 22903	54-6001203	501 (C)(3)	10,000.	0.			THE LINKCREW FRESHMAN MENTOR PROGRAM AT CHARLOTTESVILLE HIGH SCHOOL
CHARLOTTESVILLE FREE CLINIC 1138 ROSE HILL DR., SUITE 200 CHARLOTTESVILLE, VA 22903-5128	54-1610405	509(A)(1)	10,000.	0.			THE EXPANSION OF THE INTEGRATED CARE PROGRAM
CHARLOTTESVILLE OPERA P. O. BOX 2498 CHARLOTTESVILLE, VA 22902	03-0500788	501(C)(3)	10,000.	0.			THE ARTS EDUCATION PROGRAM
CHARLOTTESVILLE PUBLIC HOUSING ASSOCIATION OF RESIDENTS - 1000 PRESTON AVE, SUITE C - CHARLOTTESVILLE, VA 22903	54-1923243	501 (C)(3)	10,000.	0.			LEADERSHIP DEVELOPMENT OF PUBLIC HOUSING RESIDENTS
CHARLOTTESVILLE SYMPHONY SOCIETY P. O. BOX 4206 CHARLOTTESVILLE, VA 22905	54-1800245	501(C)(3)	10,000.	0.			THE YOUTH EDUCATION PROGRAM
COMMUNITY INVESTMENT COLLABORATIVE PO BOX 2976 CHARLOTTESVILLE, VA 22902-2976	45-4105820	501(C)(3)	10,000.	0.			THE EXPANSION OF OFFICE SPACE
READYKIDS 1000 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0546000	501(C)(3)	10,000.	0.			GENERAL OPERATIONS
CITY SCHOOLYARD GARDEN P. O. BOX 5282 CHARLOTTESVILLE, VA 22905	27-5103914	501(C)(3)	10,000.	0.			YOUTH PROGRAMMING
FLUVANNA COUNTY SPCA 5239 UNION MILLS ROAD TROY, VA 22974	54-1548274	501(C)(3)	10,000.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
FRONT PORCH CVILLE 221 WATER ST. E CHARLOTTESVILLE, VA 22902	47-4040467	501(C)(3)	10,000.	0.			THE ROOTS AND WINGS PROJECT
ALBEMARLE COUNTY POLICE FOUNDATION 1600 5TH STREET, SUITE D CHARLOTTESVILLE, VA 22902	54-1642231	501(C)(3)	10,000.	0.			DOWN PAYMENT ASSISTANCE FOR ALBEMARLE COUNTY POLICE OFFICERS
APPALACHIAN VOICES 812 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	56-2049956	501(C)(3)	10,000.	0.			GENERAL OPERATIONS
BIG BROTHERS BIG SISTERS OF THE CENTRAL BLUE RIDGE - 1102 CARLTON AVE. - CHARLOTTESVILLE, VA 22902	54-1108066	501(C)(3)	10,000.	0.			THE COLLEGE-BASED BIGS MENTORING PROGRAM IN PARTNERSHIP WITH UNIVERSITY OF VIRGINIA'S
BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA - P. O. BOX 707 - CHARLOTTESVILLE, VA 22902	54-1602004	501(C)(3)	10,000.	0.			THE TEENS IN ACTION PROGRAM AND YOUTH OF THE YEAR COMPETITION
BRIDGE MINISTRY P.O. BOX 2402 CHARLOTTESVILLE, VA 22902	54-1820614	501(C)(3)	10,000.	0.			THE PURCHASE OF TOOLS AND PAINT
BUILDING GOODNESS FOUNDATION PO BOX 4325 CHARLOTTESVILLE, VA 22905	54-1956136	501(C)(3)	10,000.	0.			THE LOCAL PROJECTS PROGRAM
COMMUNITY INVESTMENT COLLABORATIVE PO BOX 2976 CHARLOTTESVILLE, VA 22902-2976	45-4105820	501(C)(3)	10,000.	0.			GENERAL OPERATIONS
LITERACY VOLUNTEERS OF AMERICA-CHARLOTTESVILLE/ALBEMARLE - 233 FOURTH ST., NW - CHARLOTTESVILLE, VA 22903	35-2220618	501(C)(3)	10,000.	0.			THE SUPPORT OF CITIZENSHIP STUDENTS

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
LOAVES & FISHES FOOD PANTRY INC. PO BOX 8001 CHARLOTTESVILLE, VA 22906	45-1498743	501(C)(3)	10,000.	0.			PURCHASE OF MEAT AND OTHER PROTEIN FOODS
LOCAL FOOD HUB P. O. BOX 4647 CHARLOTTESVILLE, VA 22905-4647	26-4137130	501(C)(3)	10,000.	0.			THE FRESH FARMACY PROGRAM
CHARLOTTESVILLE DEPARTMENT OF HUMAN SERVICES - 907 EAST JEFFERSON STREET - CHARLOTTESVILLE, VA 22902	54-6001202	170(C)(1)	10,000.	0.			THE CITY OF CHARLOTTESVILLE'S ALLIANCE FOR BLACK MALE ACHIEVEMENT 'CHANGE THE
GEORGIA'S FRIENDS PO BOX 926 CHARLOTTESVILLE, VA 22902	26-3473764	501(C)(3)	10,000.	0.			GENERAL OPERATING COSTS OF THE WOMEN'S RESIDENTIAL SOBER LIVING HOUSE
JEFFERSON AREA CHIP 1469 GREENBRIER PLACE CHARLOTTESVILLE, VA 22901	26-2499048	501(C)(3)	10,000.	0.			THE TEEN SERVICES PROGRAM
MONTPELIER FOUNDATION P.O. BOX 911 ORANGE, VA 22960	31-1620682	501(C)(3)	10,000.	0.			PLANNING, PERMITTING, AND FIELD DESIGN OF THE TRAIL SYSTEM EXPANSION
PARAMOUNT THEATER OF CHARLOTTESVILLE - 215 E. MAIN STREET - CHARLOTTESVILLE, VA 22902	20-1562018	501(C)(3)	10,000.	0.			THE ARTS EDUCATION PROGRAM
PARTNER FOR MENTAL HEALTH 911 EAST JEFFERSON STREET CHARLOTTESVILLE, VA 22902	54-0789661	501(C)(3)	10,000.	0.			THE COMMUNITY NAVIGATOR ROLE IN THE CRIMINAL JUSTICE SYSTEM
PIEDMONT CASA 818 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-1704064	501(C)(3)	10,000.	0.			THE RECRUITMENT, SCREENING, AND TRAINING OF 30 VOLUNTEER COURT ADVOCATES

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
READYKIDS 1000 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0546000	501(C)(3)	10,000.	0.			THE HEALTHY FAMILIES PROGRAM
ROCKFISH VALLEY FOUNDATION PO BOX 235 NELLYSFORD, VA 22958	20-3481268	501(C)(3)	10,000.	0.			THE SALARY OF A MANAGING DIRECTOR
SHENANDOAH NATIONAL PARK TRUST 404 EIGHTH ST, NE, SUITE D CHARLOTTESVILLE, VA 22902	20-8685310	501(C)(3)	10,000.	0.			THE HEALTHY FOREST INITIATIVE
SKYLINE COMMUNITY ACTION PROGRAM (CAP), INC. - P. O. BOX 588 - MADISON, VA 22727	54-1570712	501(C)(3)	10,000.	0.			THE EMERGENCY HOME REPAIR PROGRAM
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN ST., SUITE 14 CHARLOTTESVILLE, VA 22902-5065	52-1436778	509(A)(1)	10,000.	0.			COMMUNICATION AND PUBLIC OUTREACH CAMPAIGN TO ADVANCE EFFORTS TO STOP THE ATLANTIC COAST
VIRGINIA FOUNDATION FOR COMMUNITY COLLEGE EDUCATION - 300 ARBORETUM PLACE, SUITE 200 - RICHMOND, VA 23236	23-7004354	501(C)(3)	10,000.	0.			THE GREAT EXPECTATIONS PROGRAM AT PIEDMONT VIRGINIA COMMUNITY COLLEGE
VIRGINIA SUPPORTIVE HOUSING P. O. BOX 8585 RICHMOND, VA 23226	54-1444564	501(C)(3)	10,000.	0.			SUPPORT SERVICES AT THE CROSSINGS AT FOURTH AND PRESTON
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5913090	501(C)(3)	10,000.	0.			MENTAL HEALTH OFFERINGS FOR MINORITY, REFUGEE, AND IMMIGRANT POPULATIONS
NELSON COUNTY COMMUNITY DEVELOPMENT FOUNDATION - PO BOX 57 - LOVINGSTON, VA 22949	54-1509522	509(A)(1)	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION**

Schedule I (Form 990)

54-1506312

Page 1

**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
SALVATION ARMY P. O. BOX 296 CHARLOTTESVILLE, VA 22902	13-5562351	501(C)(3)	10,000.	0.			GENERAL
VILLAGE SCHOOL 215 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-1745508	501(C)(3)	10,000.	0.			UNRESTRICTED
WINTERGREEN ADAPTIVE SPORTS P. O. BOX 4334 CHARLOTTESVILLE, VA 22905	54-1818204	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5913090	501(C)(3)	10,000.	0.			GENERAL PURPOSE
ALBEMARLE HOUSING IMPROVEMENT PROGRAM - 2127 BERKMAR DRIVE - CHARLOTTESVILLE, VA 22901	54-1028220	509(A)(2)	10,000.	0.			GENERAL PURPOSE
VOICES FOR VIRGINIA'S CHILDREN 701 E. FRANKLIN STREET, SUITE 807 RICHMOND, VA 23219	54-1726265	501(C)(3)	10,000.	0.			PLANNING GRANT
CITY OF CHARLOTTESVILLE PARKS AND RECREATION - P. O. BOX 911 - CHARLOTTESVILLE, VA 22902		170(C)(1)	10,450.	0.			\$6550 FOR 2017 SUNDAY SUNDOWNS EVENTS, AND \$3900 FOR SOUNDS OF SUMMER EVENTS
AMERICAN CIVIL LIBERTIES UNION INC. - 125 BROAD ST. 18TH FL - NEW YORK, NY 10004	13-3871360	501(C)(4)	10,496.	0.			GENERAL PURPOSE
VIRGINIA ORGANIZING 703 CONCORD AVENUE CHARLOTTESVILLE, VA 22903	54-1674992	501(C)(3)	10,500.	0.			CITY MURAL PROJECT

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
ST. PAUL'S MEMORIAL CHURCH 1700 UNIVERSITY AVENUE CHARLOTTESVILLE, VA 22903		501 (C)(3)	10,500.	0.			GENERAL PURPOSE
CHARLOTTESVILLE REDEVELOPMENT AND HOUSING AUTHORITY - P.O. BOX 1405 - CHARLOTTESVILLE, VA 22902		501 (C)(3)	10,900.	0.			OUTDOOR IMPROVEMENTS AT CRESCENT HALLS TO INCLUDE NEW BENCHES, PICNIC TABLES, TRASHCANS, ETC
UNIVERSITY OF VIRGINIA FUND PO BOX 400314 CHARLOTTESVILLE, VA 22904	54-0485595	501 (C)(3)	11,625.	0.			GENERAL OPERATING
BLUE RIDGE HEALTH CENTER 4038 THOMAS NELSON HIGHWAY ARRINGTON, VA 22922	54-1222147	501(C)(3)	12,000.	0.			RHOP HEALTH COMPASS PROGRAM, PROVIDING EDUCATION, PREVENTIVE HEALTH SERVICES, CARE
CHARLOTTESVILLE POLICE DEPARTMENT FOUNDATION - P. O. BOX 2631 - CHARLOTTESVILLE, VA 22902	38-3688424	501(C)(3)	12,000.	0.			PROVIDING STRESS, TRAUMA AND RESILIENCY TRAINING FOR POLICE MEN AND WOMEN
HABITAT FOR HUMANITY OF GREATER CHARLOTTESVILLE - 919 WEST MAIN STREET - CHARLOTTESVILLE, VA 22903	91-1914868	501(C)(3)	12,000.	0.			GENERAL PURPOSE
GREATER CINCINNATI/OHIO RIVER VALLEY CHAPTER AMERICAN RED CROSS - 2111 DANA AVE. - CINCINNATI, OH 45207	53-0196605	501(C)(3)	12,000.	0.			SUPPORT OF THE LEADERSHIP DEVELOPMENT CAMP
MILLER SCHOOL OF ALBEMARLE 1000 SAMUEL MILLER LOOP CHARLOTTESVILLE, VA 22903	54-0515717	501 (C)(3)	12,377.	0.			UNRESTRICTED PURPOSES.
REGION TEN COMMUNITY SERVICES BOARD - 502 OLD LYNCHBURG RD - CHARLOTTESVILLE, VA 22902	54-1625290	501(C)(3)	12,500.	0.			SUPPORTING THE MENTAL HEALTH AND WELLNESS COALITION'S STIGMA REDUCTION CAMPAIGN

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
MOTHER HEALTH INTERNATIONAL 229 LINKFORD AVENUE CHARLOTTESVILLE, VA 22903	27-3165657	501(C)(3)	12,500.	0.			TRAUMA COUNSELING TRAINING FOR THE DOULAS
MOTHER HEALTH INTERNATIONAL 229 LINKFORD AVENUE CHARLOTTESVILLE, VA 22903	27-3165657	501(C)(3)	12,500.	0.			TRAUMA COUNSELING TRAINING FOR THE DOULAS
SOUTH AFRICA PARTNERS, INC. 89 SOUTH ST. STE 701 BOSTON, MA 02111	04-3396641	501(C)(3)	12,700.	0.			THE QUARTET OF PEACE
KATE'S CLUB 1190 WEST DRUID HILLS DR. NE STE T ATLANTA, GA 30329	16-1646487	501(C)(3)	13,400.	0.			GENERAL PURPOSE
THE HAVEN AT FIRST & MARKET 112 W. MARKET STREET CHARLOTTESVILLE, VA 22902	47-1841856	501(C)(3)	14,000.	0.			GENERAL PURPOSE
VIRGINIA SUPPORTIVE HOUSING P. O. BOX 8585 RICHMOND, VA 23226	54-1444564	501(C)(3)	14,000.	0.			GENERAL PURPOSE
FRIENDS OF JEFFERSON-MADISON REGIONAL LIBRARY - 1500 GORDON AVENUE - CHARLOTTESVILLE, VA 22903	54-0834830	501 (C)(3)	14,221.	0.			BOOKS BEHIND BARS PROGRAM FOR THE BENEFIT OF THE QUEST INSTITUTE
PANHANDLE STATE FOUNDATION BOX 430 GOODWELL, OK 73939	73-1019001	501 (C)(3)	15,000.	0.			RALPH AND CLARICE GIECK SCHOLARSHIP FUND
MONTICELLO AREA COMMUNITY ACTION AGENCY (MACAA) - 1025 PARK STREET - CHARLOTTESVILLE, VA 22901	54-0799964	501(C)(3)	15,000.	0.			PROVIDING DIRECT CLIENT ASSISTANCE FOR EMERGENCY RENT AND UTILITY PAYMENTS, AS WELL AS

Schedule I (Form 990)

**CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION**

Schedule I (Form 990)

54-1506312

Page 1

**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
MONTICELLO AREA COMMUNITY ACTION AGENCY (MACAA) - 1025 PARK STREET - CHARLOTTESVILLE, VA 22901	54-0799964	501(C)(3)	15,000.	0.			PROJECT DISCOVERY: SCHOLARSHIPS FOR NELSON COUNTY HIGH SCHOOL STUDENTS
CHABAD OF CHARLOTTESVILLE 2014 LEWIS MOUNTAIN ROAD CHARLOTTESVILLE, VA 22903	38-3661207	501 (C)(3)	15,000.	0.			SUPPORT ACTIVITIES OF JEWISH STUDENTS AT UVA
CITY SCHOOLYARD GARDEN P. O. BOX 5282 CHARLOTTESVILLE, VA 22905	27-5103914	501(C)(3)	15,000.	0.			SUPPORTING ROOTED & CHARLOTTESVILLE HIGH SCHOOL GARDENS
INTERNATIONAL RESCUE COMMITTEE 609 EAST MARKET STREET, SUITE 104 CHARLOTTESVILLE, VA 22902	13-5660870	501(C)(3)	15,000.	0.			SUPPORTING THE NEW ROOTS PROGRAM
BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA - P. O. BOX 707 - CHARLOTTESVILLE, VA 22902	54-1602004	501(C)(3)	15,000.	0.			SCOTTSVILLE LOCATION
NELSON COUNTY EDUCATION FOUNDATION 2305 DUTCH CREEK LANE SHIPMAN, VA 22971	54-1371868	501(C)(3)	15,000.	0.			MINI-GRANT PROGRAM FOR TEACHERS
CENTER FOR NONPROFIT EXCELLENCE 1701-A ALLIED ST. CHARLOTTESVILLE, VA 22903	20-3412827	501(C)(3)	15,000.	0.			GENERAL PURPOSE
CHARLOTTESVILLE AREA COMMUNITY FOUNDATION - HEAL CHARLOTTESVILLE - P.O. BOX 1767 - CHARLOTTESVILLE, VA 22902	54-1506312	501(C)(3)	15,000.	0.			GENERAL PURPOSE
REGION TEN COMMUNITY SERVICES BOARD - 500 OLD LYNCHBURG RD. - CHARLOTTESVILLE, VA 22902	54-1625290	501(C)(3)	15,000.	0.			STRENGTHENING MENTAL HEALTH DISASTER AND RECOVERY PREPAREDNESS, PROVIDE COMMUNITY BASED

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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 HOUSING IMPROVEMENT PROGRAM - 2127 BERKMAR DRIVE - CHARLOTTESVILLE, VA 22901	54-1028220	509(A)(2)	15,000.	0.			GENERAL OPERATING SUPPORT
BLUE RIDGE AREA FOOD BANK P. O. BOX 937 VERONA, VA 24482-0937	52-1202644	501(C)(3)	15,000.	0.			SUPPORTING THE MOBILE FOOD PANTRY
JEFFERSON AREA CHIP 1469 GREENBRIER PLACE CHARLOTTESVILLE, VA 22901	26-2499048	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
LOAVES & FISHES FOOD PANTRY INC. PO BOX 8001 CHARLOTTESVILLE, VA 22906	45-1498743	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
PIEDMONT CASA 818 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-1704064	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
SEXUAL ASSAULT RESOURCE AGENCY 335 GREENBRIAR DR., SUITE 102 CHARLOTTESVILLE, VA 22901	54-1118534	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
THE HAVEN AT FIRST & MARKET 112 W. MARKET STREET CHARLOTTESVILLE, VA 22902	47-1841856	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
VOICES FOR VIRGINIA'S CHILDREN 701 E. FRANKLIN STREET, SUITE 807 RICHMOND, VA 23219	54-1726265	501(C)(3)	15,000.	0.			SUPPORTING THE CAMPAIGN FOR CHILDREN'S MENTAL HEALTH
CHARLOTTESVILLE CITY SCHOOLS 1562 DAIRY ROAD CHARLOTTESVILLE, VA 22903	54-6001203	501 (C)(3)	15,000.	0.			WILLIAM F. STEVENS MEMORIAL SCHOLARSHIPS AT CHARLOTTESVILLE HIGH SCHOOL

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
RUSSELL WILSON FOUNDATION 1301 2ND AVE. STE 1700 SEATTLE, WA 98101	46-4784365	501 (C)(3)	15,000.	0.			GENERAL PURPOSE
CITY SCHOOLYARD GARDEN P. O. BOX 5282 CHARLOTTESVILLE, VA 22905	27-5103914	501(C)(3)	15,000.	0.			UNRESTRICTED USE.
LOAVES & FISHES FOOD PANTRY INC. PO BOX 8001 CHARLOTTESVILLE, VA 22906	45-1498743	501(C)(3)	15,000.	0.			GENERAL PURPOSE
LOUISA COUNTY RESOURCE COUNCIL PO BOX 52 LOUISA, VA 23093	54-1648752	501(C)(3)	15,000.	0.			GENERAL PURPOSE
CHARLOTTESVILLE FREE CLINIC 1138 ROSE HILL DR., SUITE 200 CHARLOTTESVILLE, VA 22903-5128	54-1610405	509(A)(1)	15,000.	0.			GENERAL PURPOSE
ORANGE COUNTY FREE CLINIC 13296-A JAMES MADISON HWY. ORANGE, VA 22960	25-1922019	501(C)(3)	15,000.	0.			GENERAL PURPOSE
BLUE RIDGE HEALTH CENTER 4038 THOMAS NELSON HIGHWAY ARRINGTON, VA 22922	54-1222147	501(C)(3)	15,000.	0.			GENERAL PURPOSE
CHARLOTTESVILLE FREE CLINIC 1138 ROSE HILL DR., SUITE 200 CHARLOTTESVILLE, VA 22903-5128	54-1610405	509(A)(1)	15,000.	0.			GENERAL PURPOSE
ROCKFISH WILDLIFE SANCTUARY PO BOX 3 CHARLOTTESVILLE, VA 22902	51-0498181	501(C)(3)	15,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
AMBER WAVES FARM INC P.O. 2623 AMAGANSETT, NY 11930	90-0453935	501 (C)(3)	15,000.	0.			GENERAL PURPOSE
BLUE RIDGE HEALTH CENTER 4038 THOMAS NELSON HIGHWAY ARRINGTON, VA 22922	54-1222147	501(C)(3)	15,000.	0.			GENERAL PURPOSE
CONSERVATION INTERNATIONAL P.O. BOX 418608 BOSTON, MA 02241-8608	52-1497470	501(C)(3)	15,426.	0.			GENERAL PURPOSE
PIEDMONT VIRGINIA COMMUNITY COLLEGE - 501 COLLEGE DRIVE - CHARLOTTESVILLE, VA 22902		501(C)(3)	16,500.	0.			SCHOLARSHIP FUND
UNIVERSITY OF VIRGINIA HEALTH FOUNDATION - P.O. BOX 800773 - CHARLOTTESVILLE, VA 22908	41-2097394	501(C)(3)	16,672.	0.			CHAIR OF PEDIATRIC HEMATOLOGY/ONCOLOGY
UNIVERSITY OF VIRGINIA HEALTH FOUNDATION - P.O. BOX 800773 - CHARLOTTESVILLE, VA 22908	41-2097394	501(C)(3)	16,852.	0.			CHAIR OF PEDIATRIC HEMATOLOGY/ONCOLOGY
INTERNATIONAL RHINO FOUNDATION 201 MAIN ST. SUITE 2600 FORT WORTH, TX 76102	75-2395006	501(C)(3)	17,000.	0.			ENHANCING BLACK RHINO MONITORING AND ANTI-POACHING SURVEILLANCE IN
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5913090	501(C)(3)	17,000.	0.			GENERAL PURPOSE
UNITED WAY-THOMAS JEFFERSON AREA 806 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0505882	501(C)(3)	17,500.	0.			SUPPORTING THE DATA SHARING PROJECT, AS PART OF THE COMMUNITY FOUNDATION'S EARLY

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
CHARLOTTESVILLE AREA COMMUNITY FOUNDATION - HEAL CHARLOTTESVILLE - P.O. BOX 1767 - CHARLOTTESVILLE, VA 22902	54-1506312	501(C)(3)	17,500.	0.			GENERAL PURPOSE - MATCHING PORTUGAL. THE MAN DONATION.
REGION TEN COMMUNITY SERVICES BOARD - 502 OLD LYNCHBURG RD - CHARLOTTESVILLE, VA 22902	54-1625290	501(C)(3)	17,500.	0.			\$5000 TO THE ENDOWMENT FUND IN HONOR OF ROBERT JOHNSON, \$10,000 FOR THE WOMEN'S TREATMENT CENTER,
PLANNED PARENTHOOD FEDERATION OF AMERICA - 1110 VERMONT AVE. NW STE 300 - WASHINGTON, DC 20005	13-1644147	501 (C)(3)	17,966.	0.			C3 OPERATIONAL FUNDS
BLUE RIDGE HEALTH CENTER 4038 THOMAS NELSON HIGHWAY ARRINGTON, VA 22922	54-1222147	501(C)(3)	18,000.	0.			MEDICATION ASSISTANCE PROGRAM
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN ST., SUITE 14 CHARLOTTESVILLE, VA 22902-5065	52-1436778	509(A)(1)	18,000.	0.			UNRESTRICTED USE
LEGAL AID JUSTICE CENTER 1000 PRESTON AVENUE, SUITE A CHARLOTTESVILLE, VA 22903	54-0884513	501(C)(3)	18,000.	0.			GENERAL PURPOSE
PIEDMONT HOUSING ALLIANCE 682 BERKMAR CIRCLE CHARLOTTESVILLE, VA 22901	52-1361731	501(C)(3)	18,000.	0.			GENERAL PURPOSE
EMMANUEL CHURCH P.O. BOX 38 GREENWOOD, VA 22943		501 (C)(3)	19,000.	0.			TO SUPPORT GENERAL CHURCH OPERATING NEEDS
MILLER SCHOOL OF ALBEMARLE 1000 SAMUEL MILLER LOOP CHARLOTTESVILLE, VA 22903	54-0515717	501 (C)(3)	19,300.	0.			\$19,000 FOR TUITION, ROOM AND BOARD, PLUS AN ADDITIONAL \$300 FOR BOOKS.

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
MEDICAL COLLEGE OF VIRGINIA FOUNDATION - PO BOX 980567 - RICHMOND, VA 23298-0234	54-6053660	501(C)(3)	20,000.	0.			VCU SON SMITH, SMITH, NELSON, AND PITSENBARGER SCHOLARSHIPS.
MEDICAL COLLEGE OF VIRGINIA FOUNDATION - PO BOX 980567 - RICHMOND, VA 23298-0234	54-6053660	501(C)(3)	20,000.	0.			VCU SON JOHNSON SCHOLARSHIPS/GIDDENS SCHOLARSHIP. \$10,000 PEGGY JOHNSON ENDOWED
THE FOUNTAIN FUND P.O. BOX 2301 CHARLOTTESVILLE, VA 22902		501(C)(3)	20,000.	0.			GENERAL PURPOSE
LOCAL FOOD HUB P. O. BOX 4647 CHARLOTTESVILLE, VA 22905-4647	26-4137130	501(C)(3)	20,000.	0.			UNRESTRICTED, TO SUPPORT MULTIPLE PROGRAMS
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 (5TH INSTALLMENT OF A 5 YEAR GRANT, \$20,000/YR)
UNIVERSITY OF VIRGINIA NURSING SCHOOL - P.O. BOX 800826 - CHARLOTTESVILLE, VA 22908-0826		501(C)(3)	20,000.	0.			SCHOLARSHIPS FOR UVA UNDERGRADUATE NURSING STUDENTS WITH FINANCIAL NEEDS AND THOSE HAVING A
NORTH CAROLINA CENTRAL UNIVERSITY FOUNDATION - 1801 FAYETTEVILLE ST. - DURHAM, NC 27707	23-7410301	501 (C)(3)	20,000.	0.			LEROI H. MOORE SCHOLARSHIP FUND #20-1321 IN HONOR OF LEROI'S PARENTS
CAMP TLC (TOGETHER LIVING A CHALLENGE) - 1 GARRETT PLACE, APT. I-1 - BRONXVILLE, NY 10708	22-3453810	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PIEDMONT ENVIRONMENTAL COUNCIL PO BOX 460 WARRENTON, VA 20188	54-0935569	501(C)(3)	20,000.	0.			"TO COMPLETE PLANS AND BUILD ACTIVE COMMUNITY ENGAGEMENT FOR A REGIONAL BIKE AND PEDESTRIAN TRAIL

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
VIRGINIA INSTITUTE OF AUTISM 943 GLENWOOD STATION LN SUITE 201 CHARLOTTESVILLE, VA 22901	54-1815297	501(C)(3)	20,000.	0.			GENERAL PURPOSE
CHARLOTTESVILLE FREE CLINIC 1138 ROSE HILL DR., SUITE 200 CHARLOTTESVILLE, VA 22903-5128	54-1610405	509(A)(1)	20,000.	0.			GENERAL PURPOSE
BLUE RIDGE AREA FOOD BANK P. O. BOX 937 VERONA, VA 24482-0937	52-1202644	501(C)(3)	20,000.	0.			THOMAS JEFFERSON AREA BRANCH
GOOD HOPE COUNTRY DAY SCHOOL RR 1 BOX 6199 KINGSHILL, VI 00850	67-0253542	501(C)(3)	20,000.	0.			DISCRETIONARY FUND
GLASSCOCK FAMILY FOUNDATION INC. 175 1ST STREET SOUTH ST. PETERSBURG, FL 33701	47-5287262	501(C)(3) PRIVAT	20,000.	0.			ST. CROIX HURRICANE RELIEF
PATH WITH ART 312 2ND AVE S SEATTLE, WA 98104	26-0599518	501(C)(3)	20,000.	0.			GENERAL PURPOSE.
THOMAS JEFFERSON AREA COALITION FOR THE HOMELESS - 112 WEST MARKET STREET - CHARLOTTESVILLE, VA 22902	26-4577927	501(C)(3)	20,000.	0.			\$10,000 FOR GENERAL OPERATING SUPPORT, AND \$10,000 TO SUPPORT THE SOAR POSITION
UNIVERSITY OF VIRGINIA ATHLETICS FOUNDATION - PO BOX 400833 - CHARLOTTESVILLE, VA 22904	54-0517188	501(C)(3)	20,000.	0.			VAF CAPITAL CAMPAIGN.
SENIOR CENTER 1180 PEPSI PLACE CHARLOTTESVILLE, VA 22901	54-0735666	501(C)(3)	20,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
READYKIDS 1000 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0546000	501(C)(3)	20,000.	0.			\$15K TOWARDS CAMPAIGN PLUS \$5K ANNUAL FUND
UNIVERSITY OF VIRGINIA ALUMNI ASSOCIATION - P. O. BOX 400314 - CHARLOTTESVILLE, VA 22904-4314	54-0485595	501(C)(3)	20,000.	0.			ARTS ENDOWMENT
VIRGINIA INSTITUTE OF AUTISM 943 GLENWOOD STATION LN SUITE 201 CHARLOTTESVILLE, VA 22901	54-1815297	501(C)(3)	20,000.	0.			GENERAL PURPOSE
WINTERGREEN NATURE FOUNDATION RT. 1, BOX 770 ROSELAND, VA 22967	54-1689828	509(A)(2)	20,000.	0.			PROGRAM SUPPORT
SENTARA MARTHA JEFFERSON HOSPITAL FOUNDATION - 500 MARTHA JEFFERSON DRIVE - CHARLOTTESVILLE, VA 22911	30-0041113	509(A)(3) TYPE I	20,000.	0.			AN ANNUAL GIFT
MILLER SCHOOL OF ALBEMARLE 1000 SAMUEL MILLER LOOP CHARLOTTESVILLE, VA 22903	54-0515717	501 (C)(3)	21,050.	0.			51% 5-DAY BOARDER FEES \$20,400 TUITION, \$300 FOR BOOKS, AND \$350 FOR GRADUATION EXPENSES FOR
SENTARA MARTHA JEFFERSON HOSPITAL FOUNDATION - 500 MARTHA JEFFERSON DRIVE - CHARLOTTESVILLE, VA 22911	30-0041113	509(A)(3) TYPE I	21,425.	0.			TO SUPPORT NURSING SCHOLARSHIPS AND NURSING EDUCATION FOR EMPLOYEES OF MARTHA JEFFERSON HOSPITAL
PIEDMONT VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 501 COLLEGE DRIVE - CHARLOTTESVILLE, VA 22902	52-1241773	501(C)(3)	21,475.	0.			TO SUPPORT NURSING SCHOLARSHIPS AND NURSING EDUCATION AT PIEDMONT VIRGINIA COMMUNITY
THE FOUNTAIN FUND P.O. BOX 2301 CHARLOTTESVILLE, VA 22902		501(C)(3)	25,000.	0.			AN ADDITIONAL CONTRIBUTION THAT WAS RECEIVED IN JANUARY

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
REGION TEN COMMUNITY SERVICES BOARD - 502 OLD LYNCHBURG RD - CHARLOTTESVILLE, VA 22902	54-1625290	501(C)(3)	25,000.	0.			HELPING TO BUILD THE WOMEN'S TREATMENT CENTER
GOOCHLAND FREE CLINIC AND FAMILY SERVICES - PO BOX 116 - GOOCHLAND, VA 23063	54-1967650	501(C)(3)	25,000.	0.			GRANT FOR 4 EXAMINATION ROOMS IN THE NEW BUILDING.
GRYMES MEMORIAL SCHOOL 13775 SPICER'S MILL ROAD ORANGE, VA 22960		501(C)(3)	25,000.	0.			CAPITAL CAMPAIGN - CONSTRUCTION (THIS IS THE 5TH AND FINAL PAYMENT OF A 5 YEAR GRANT)
JAMES RIVER ASSOCIATION 4833 OLD MAIN STREET RICHMOND, VA 23231-3035	51-0211913	501(C)(3)	25,000.	0.			SUPPORTING RIVER RATS PROGRAM
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5913090	501(C)(3)	25,000.	0.			GENERAL PURPOSE
FOCUSED ULTRASOUND SURGERY FOUNDATION - 1230 CEDARS COURT, SUITE F - CHARLOTTESVILLE, VA 22903	20-5744808	501(C)(3)	25,000.	0.			GENERAL PURPOSE. THIS IS THE SECOND INSTALLMENT OF A TOTAL GIFT OF \$100,000 TO BE PAID IN EQUAL
CENTRAL PARK CONSERVANCY 14 EAST 60TH STREET NEW YORK, NY 10022	13-3022855	501 (C)(3)	25,000.	0.			PROGRAM SUPPORT.
STANLEY M. ISAACS NEIGHBORHOOD CENTER - 415 EAST 93RD STREET - NEW YORK, NY 10128-6904	13-2572034	501(C)(3)	25,000.	0.			PROGRAM SUPPORT.
PIEDMONT FAMILY YMCA 233 4TH ST., NW, SUITE Y CHARLOTTESVILLE, VA 22903	54-1717336	501(C)(3)	25,000.	0.			CAPITAL CAMPAIGN, MCINTIRE PARK.

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
DREAMING OUT LOUD, INC. 419 7TH STREET NW, 3RD FLOOR WASHINGTON, DC 20004	26-1286043	501(C)(3)	25,000.	0.			GENERAL PURPOSE
HEAD COUNT 104 W. 29TH ST. 11TH FL NEW YORK, NY 10001	77-0626772	501(C)(3)	25,000.	0.			THE VOTER MOBILIZATION CAMPAIGN
READYKIDS 1000 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0546000	501(C)(3)	25,000.	0.			TEEN COUNSELING PROGRAM
ST. BERNARD PROJECT 2645 TOULOUSE STREET NEW ORLEANS, LA 70119	26-2189665	501(C)(3)	25,000.	0.			NEW ORLEANS REBUILDING
ST. ANNE'S-BELFIELD SCHOOL 2132 IVY ROAD CHARLOTTESVILLE, VA 22901	54-0880465	501(C)(3)	25,000.	0.			\$10,000 TO ANNUAL FUND AND \$15,000 TO HEAD OF SCHOOL FUND FOR ACADEMIC INNOVATION AND LEADERSHIP
JEFFERSON AREA BOARD FOR AGING 674 HILLSDALE DRIVE, SUITE 9 CHARLOTTESVILLE, VA 22901	54-0990078	501(C)(3)	25,000.	0.			PROGRAM SUPPORT.
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5913090	501(C)(3)	25,000.	0.			GENERAL PURPOSE
AMERICAN CHESTNUT FOUNDATION 50 NORTH MERRIMON AVE., SUITE 115 ASHEVILLE, NC 28804	41-1483019	501(C)(3)	25,000.	0.			TO COMPLETE THE EXPANSION OF A GENETIC DATABASE, "DENTATABASE"
HOPE'S LEGACY EQUINE RESCUE CENTER 5145 TAYLOR CREEK ROAD AFTON, VA 22920	80-0273321	501(C)(3)	25,000.	0.			FOR CAPITAL CAMPAIGN TO BUY NEW PROPERTY

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
WORLD CENTRAL KITCHEN, INC. 1875 CONNECTICUT AVE NW 10TH FL WASHINGTON, DC 20009	27-3521132	501(C)(3)	25,000.	0.			HURRICANE MARIA/PUERTO RICO RELIEF
COMMON GROUND HEALING ARTS 233 4TH ST. NW STE 219 CHARLOTTESVILLE, VA 22903	27-2111863	501(C)(3)	25,000.	0.			SUPPORTING THE COSTS OF THE GROUP HEALING SESSIONS THAT HAVE BEEN HELD FOR COMMUNITY
READYKIDS 1000 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0546000	501(C)(3)	25,000.	0.			SUPPORTING THE COSTS OF ADDITIONAL TRAUMA COUNSELORS. THIS IS TO MEET POST-AUGUST 12
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5913090	501(C)(3)	25,000.	0.			SUPPORTING THE COSTS OF ADDITIONAL TRAUMA COUNSELORS. THIS IS TO MEET POST-AUGUST 12
UNIVERSITY OF VIRGINIA FOUNDATION P. O. BOX 400218 CHARLOTTESVILLE, VA 22904	54-1682176	501(C)(3)	25,000.	0.			GENERAL PURPOSES. THIS GRANT AN ANONYMOUS GIFT TO THE BRODY JEWISH CENTER FROM GWEN AND
THOMAS JEFFERSON FOUNDATION P.O. BOX 316 CHARLOTTESVILLE, VA 22902	54-0505959	501(C)(3)	25,000.	0.			ANNUAL FUND
WILLIAM PATTERSON UNIVERSITY 300 POMPTON ROAD, HOBART MANOR WAYNE, NJ 07470		501 (C)(3)	25,000.	0.			TO ESTABLISH THE LEROI H MOORE MUSIC SCHOLARSHIP.
WILLIAM PATTERSON UNIVERSITY 300 POMPTON ROAD, HOBART MANOR WAYNE, NJ 07470		501 (C)(3)	25,000.	0.			TO ESTABLISH THE LEROI H MOORE MUSIC SCHOLARSHIP.
CHARLOTTESVILLE CITY SCHOOLS 1562 DAIRY ROAD CHARLOTTESVILLE, VA 22903	54-6001203	501 (C)(3)	25,000.	0.			SUPPORTING THE WALK PROGRAM OF CCS

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
CHARLOTTESVILLE FREE CLINIC 1138 ROSE HILL DR., SUITE 200 CHARLOTTESVILLE, VA 22903-5128	54-1610405	509(A)(1)	25,000.	0.			SUPPORTING THE INTEGRATED CARE PROGRAM
FOCUSED ULTRASOUND SURGERY FOUNDATION - 1230 CEDARS COURT, SUITE F - CHARLOTTESVILLE, VA 22903	20-5744808	501(C)(3)	25,000.	0.			GENERAL PURPOSE
DUKE UNIVERSITY BOX 90581 DURHAM, NC 27708-0581	56-0532129	501(C)(3)	25,000.	0.			THE ANNE RUSSELL "RUSS" ROBERTSON SCHOLARSHIP FUND,
CITIZENS CLIMATE EDUCATION CORP. 1330 ORANGE AVE STE 309 CORONADO, CA 92118	26-2948811	501(C)(3)	25,000.	0.			GENERAL PURPOSE
COMMUNITY POWER NETWORK 3166 MT. PLEASANT ST. NW WASHINGTON, DC 20010	46-2462990	501(C)(3)	25,000.	0.			GENERAL PURPOSE
APPALACHIAN VOICES 812 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	56-2049956	501(C)(3)	25,000.	0.			GENERAL PURPOSE
CHESAPEAKE CLIMATE ACTION NETWORK P.O. BOX 11138 TAKOMA PARK, MD 20913	11-3644283	501(C)(3)	25,000.	0.			GENERAL PURPOSE
VIRGINIA ENERGY EFFICIENCY COUNCIL 409 EAST MAIN ST. STE 200 RICHMOND, VA 23219	47-1752391	501(C)(3)	25,000.	0.			A CAPACITY GRANT
CHEROKEE AREA COUNCIL BOY SCOUTS OF AMERICA - 6031 LEE HIGHWAY - CHATTANOOGA, TN 37421	62-0475671	501 (C)(3)	25,000.	0.			FOR BUILDING OF A MEDICAL LODGE IN MEMORY OF PHILLIP SHEFFER FROM VICTORIA NORWOOD AND

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
WESTMINSTER-CANTERBURY OF THE BLUE RIDGE - 250 PANTOPS MOUNTAIN ROAD - CHARLOTTESVILLE, VA 22911	52-1447069	501 (C)(3)	25,000.	0.			\$5,000 FOR STAFF SCHOLARSHIP FUND AND \$20,000 UNDESIGNATED FOR HIGHEST NEED
UNIVERSITY OF CHICAGO 5801 S. ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	25,000.	0.			ANNUAL TRUSTEE GIFTS. \$15,000.00 TO THE BEHAVIORAL SCIENCES DIVISION; \$5,000.00 TO
ON OUR OWN CHARLOTTESVILLE PO BOX 1066 CHARLOTTESVILLE, VA 22902	54-1583431	501(C)(3)	28,000.	0.			HELPING FUND THE NEW WPA POSITION
DREAM CATCHERS 10120 FIRE TOWER RD. TOANA, VA 23168	54-1692709	501(C)(3)	30,000.	0.			\$25,000 GRANT + \$5,000 CHALLENGE GRANT.
THE JOURNEY HOME INC 305 EDGEWOOD DR MINERAL, VA 23117	47-2245325	501(C)(3)	30,000.	0.			PREPARATION OF A SITE TO BUILD A TRANSITIONAL HOME IN LOUISA COUNTY
FOUNDATION FIGHTING BLINDNESS P.O. BOX 17279 BALTIMORE, MD 21297	23-7135845	501(C)(3)	30,000.	0.			RESEARCH FOR CURE OR TREATMENT OF X-LINKED RETINOSCHISIS.
CHARLOTTESVILLE CITY SCHOOLS 1562 DAIRY ROAD CHARLOTTESVILLE, VA 22903	54-6001203	501 (C)(3)	30,000.	0.			\$10,000 TO JOHNSON ELEMENTARY SCHOOL, \$10,000 TO WALKER ELEMENTARY SCHOOL, AND
VIRGINIA ORGANIZING 703 CONCORD AVENUE CHARLOTTESVILLE, VA 22903	54-1674992	501(C)(3)	30,000.	0.			3 YEAR GRANT (\$30,000 PER YEAR) PROVIDING GENERAL SUPPORT. PLEASE PROVIDE THE COMMUNITY FOUNDATION
ALBEMARLE HOUSING IMPROVEMENT PROGRAM - 2127 BERKMAR DRIVE - CHARLOTTESVILLE, VA 22901	54-1028220	509(A)(2)	30,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
REGION TEN COMMUNITY SERVICES BOARD - 502 OLD LYNCHBURG RD - CHARLOTTESVILLE, VA 22902	54-1625290	501(C)(3)	30,000.	0.			STRENGTHENING MENTAL HEALTH DISASTER AND RECOVERY PREPAREDNESS, PROVIDE COMMUNITY BASED
PIEDMONT VIRGINIA COMMUNITY COLLEGE - 501 COLLEGE DRIVE - CHARLOTTESVILLE, VA 22902		501(C)(3)	30,000.	0.			SUPPORTING THE ADDITION OF A STAFF POSITION FOR THE GREAT EXPECTATIONS PROGRAM
UNITED WAY-THOMAS JEFFERSON AREA 806 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0505882	501(C)(3)	30,000.	0.			THE CHILD CARE SCHOLARSHIP FUND
ELEVATE EARLY EDUCATION 12 SOUTH THIRD STREET RICHMOND, VA 23219	30-0759825	501(C)(3)	30,000.	0.			OPERATING
JEFFERSON AREA CHIP 1469 GREENBRIER PLACE CHARLOTTESVILLE, VA 22901	26-2499048	501(C)(3)	30,000.	0.			OPERATING
READYKIDS 1000 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0546000	501(C)(3)	30,000.	0.			OPERATING
READYKIDS 1000 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0546000	501(C)(3)	30,000.	0.			CITY OF PROMISE OPERATING FUNDS
350.ORG 20 JAY STREET, SUITE 732 BROOKLYN, NY 11201	26-1150699	501(C)(3)	30,000.	0.			GENERAL PURPOSE
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 2ND PAYMENT OF A \$100,000 GRANT PAYABLE OVER 3 YEARS. AN ANNUAL

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
UNIVERSITY OF VIRGINIA CHILDREN'S HOSPITAL - P. O. BOX 800386 - CHARLOTTESVILLE, VA 22908		501 (C)(3)	33,333.	0.			SUPPORTING FAMILIES OF LOW-INCOME PATIENTS
FOCUSED ULTRASOUND SURGERY FOUNDATION - 1230 CEDARS COURT, SUITE F - CHARLOTTESVILLE, VA 22903	20-5744808	501(C)(3)	33,334.	0.			GENERAL PURPOSES. THIS IS THE 3RD AND FINAL INSTALLMENT OF A 3 YEAR GRANT (\$100,000 TOTAL)
WINTERGREEN NATURE FOUNDATION RT. 1, BOX 770 ROSELAND, VA 22967	54-1689828	509(A)(2)	35,000.	0.			ANNUAL FUND
THE FOUNTAIN FUND P.O. BOX 2301 CHARLOTTESVILLE, VA 22902		501(C)(3)	35,734.	0.			THE BALANCE OF YOUR FUND AT CACF. THE FUND AT CACF WILL BE CLOSED UPON ISSUANCE OF THIS CHECK.
UNIVERSITY OF VIRGINIA HEALTH FOUNDATION - P.O. BOX 800773 - CHARLOTTESVILLE, VA 22908	41-2097394	501(C)(3)	40,000.	0.			SUPPORTING THE ROBERT S. RUST JR. MD LECTURESHIP IN PEDIATRIC NEUROLOGY AT UVA
MOTHER HEALTH INTERNATIONAL 229 LINKFORD AVENUE CHARLOTTESVILLE, VA 22903	27-3165657	501(C)(3)	40,000.	0.			THE PROGRAM TO IMPROVE BIRTH OUTCOMES FOR AFRICAN AMERICAN WOMEN AND REDUCE THE RACIAL
BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA - P. O. BOX 707 - CHARLOTTESVILLE, VA 22902	54-1602004	501(C)(3)	40,000.	0.			THE SUMMER AND AFTER-SCHOOL YOUTH PROGRAMS FOR FORMER CLUB YANCEY CHILDREN
UNIVERSITY COOPERATIVE SCHOOL 5601 UNIVERSITY WAY, NE SEATTLE, WA 98105	23-7299531	501(C)(3)	40,000.	0.			THE K2 REMODEL PROJECT
GREATER CHARLOTTESVILLE AREA DEVELOPMENT CORPORATION - 209 FIFTH ST., NE - CHARLOTTESVILLE, VA 22902	51-0252306	501(C)(3)	41,250.	0.			FOR SALARY AND BENEFITS FOR THE PEER NETWORK COORDINATOR AND EXECUTIVE ASSISTANT ROLES. THIS IS

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
BON SECOURS RICHMOND HEALTH CARE FOUNDATION - 7229 FOREST AVENUE, STE 200 - RICHMOND, VA 23226	54-1201346	501(C)(3)	45,000.	0.			BS MCON NURSING MERIT SCHOLARSHIPS. SMITH, SMITH, NELSON, PITSENBARGER, HILBURN
BOW FOUNDATION P.O. BOX 5612 CHARLOTTESVILLE, VA 22905	82-1323389	501(C)(3)	46,403.	0.			THE PURPOSE OF THIS GRANT IS TO HELP FUND A RESEARCH PROJECT WILL COST ROUGHLY \$150,000 AND
UPAYA ZEN CENTER 1404 CERRO GORDO ROAD SANTA FE, NM 87501	85-0402649	501(C)(3)	48,000.	0.			SUPPORT OF THE WORK OF ROSHI JOAN HALIFAX
UPAYA ZEN CENTER 1404 CERRO GORDO ROAD SANTA FE, NM 87501	85-0402649	501(C)(3)	48,000.	0.			SUPPORT OF THE WORK OF ROSHI JOAN HALIFAX
UPAYA ZEN CENTER 1404 CERRO GORDO ROAD SANTA FE, NM 87501	85-0402649	501(C)(3)	48,000.	0.			SUPPORT OF THE WORK OF ROSHI JOAN HALIFAX
UPAYA ZEN CENTER 1404 CERRO GORDO ROAD SANTA FE, NM 87501	85-0402649	501(C)(3)	48,000.	0.			SUPPORT OF THE WORK OF ROSHI JOAN HALIFAX
UPAYA ZEN CENTER 1404 CERRO GORDO ROAD SANTA FE, NM 87501	85-0402649	501(C)(3)	48,000.	0.			SUPPORT OF THE WORK OF ROSHI JOAN HALIFAX
HABITAT FOR HUMANITY OF GREATER CHARLOTTESVILLE - 919 WEST MAIN STREET - CHARLOTTESVILLE, VA 22903	91-1914868	501(C)(3)	49,825.	0.			THE FINAL DRAW TOWARDS THE BAMA MATCHING GRANT FOR SOUTHWOOD
ARTS CORPS 4408 DELRIDGE WAY SW, SUITE 110 SEATTLE, WA 98106	91-2044679	501(C)(3)	50,000.	0.			GENERAL PURPOSES. THIS IS THE 3RD AND FINAL PAYMENT OF A THREE YEAR GRANT (\$50,000/YEAR)

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
ARTS CORPS 4408 DELRIDGE WAY SW, SUITE 110 SEATTLE, WA 98106	91-2044679	501(C)(3)	50,000.	0.			GENERAL PURPOSES. THIS IS THE 3RD AND FINAL PAYMENT OF A THREE YEAR GRANT (\$50,000/YEAR)
APPEAL OF THE NOBEL PEACE LAUREATES FOUNDATION - P.O. BOX 4503 - CHARLOTTESVILLE, VA 22905	13-4165338	501(C)(3)	50,000.	0.			\$25,000 FOR PALESTINE FEASIBILITY STUDY AND \$25,000 TOWARD ANNUAL OVERHEAD
FOCUSED ULTRASOUND SURGERY FOUNDATION - 1230 CEDARS COURT, SUITE F - CHARLOTTESVILLE, VA 22903	20-5744808	501(C)(3)	50,000.	0.			GENERAL PURPOSES.
KIRCHNER IMPACT FOUNDATION 850 SHADES CREEK PKWY STE 200 BIRMINGHAM, AL 35209	47-2825936	501(C)(3)	50,000.	0.			PROGRAM SUPPORT.
DUMBARTON OAKS PARK CONSERVANCY P.O. BOX 32080 WASHINGTON, DC 20007	27-4197533	501(C)(3)	50,000.	0.			PROGRAM SUPPORT.
JEFFERSON AREA BOARD FOR AGING 674 HILLSDALE DRIVE, SUITE 9 CHARLOTTESVILLE, VA 22901	54-0990078	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN.
FRIENDS OF MOMENTUM BIKE CLUBS 225 SOUTH PLEASANTBURG DR STE E3 GREENVILLE, SC 29607	47-1777235	501(C)(3)	50,000.	0.			PROGRAM SUPPORT.
THE DOE FUND 232 EAST 84TH STREET NEW YORK, NY 10028	13-3412540	501 (C)(3)	50,000.	0.			PROGRAM SUPPORT.
PIEDMONT VIRGINIA COMMUNITY COLLEGE - 501 COLLEGE DRIVE - CHARLOTTESVILLE, VA 22902		501(C)(3)	50,000.	0.			SCHOLARSHIPS.

Schedule I (Form 990)

**CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION**

Schedule I (Form 990)

54-1506312

Page 1

**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
MARY BALDWIN COLLEGE P.O. BOX 1500 STAUNTON, VA 24402	54-0506319	501(C)(3)	50,000.	0.			GENERAL PURPOSE
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5913090	501(C)(3)	50,000.	0.			GENERAL PURPOSE
LIVE ARTS P. O. BOX 1231 CHARLOTTESVILLE, VA 22902	54-1527799	509(A)(2)	50,000.	0.			GENERAL PURPOSE
MBOUR EDUCATIONAL FACILITIES FOUNDATION - P.O. BOX 795 - PHILMONT, NY 12565	47-1859361	501(C)(3)	50,000.	0.			PROGRAM SUPPORT.
APPEAL OF THE NOBEL PEACE LAUREATES FOUNDATION - P.O. BOX 4503 - CHARLOTTESVILLE, VA 22905	13-4165338	501(C)(3)	50,000.	0.			UNRESTRICTED
APPEAL OF THE NOBEL PEACE LAUREATES FOUNDATION - P.O. BOX 4503 - CHARLOTTESVILLE, VA 22905	13-4165338	501(C)(3)	50,000.	0.			UNRESTRICTED
APPEAL OF THE NOBEL PEACE LAUREATES FOUNDATION - P.O. BOX 4503 - CHARLOTTESVILLE, VA 22905	13-4165338	501(C)(3)	50,000.	0.			UNRESTRICTED
THE HAVEN AT FIRST & MARKET 112 W. MARKET STREET CHARLOTTESVILLE, VA 22902	47-1841856	501(C)(3)	50,000.	0.			FUNDING THE PATHWAYS PROGRAM, WHICH IS PROVIDING DIRECT ASSISTANCE TO VICTIMS TO
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5913090	501(C)(3)	50,000.	0.			SUPPORTING THE COSTS OF ADDITIONAL TRAUMA COUNSELORS. THIS IS TO MEET POST-AUGUST 12

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
WESTERN ALBEMARLE RESCUE SQUAD PO BOX 188 CROZET, VA 22932	54-1073191	501(C)(3)	50,000.	0.			GENERAL PURPOSE
FOUNDATION FOR RECOVERY 4800 ALPINE PLACE, SUITE 12 LAS VEGAS, NV 89107	20-3380211	501(C)(3)	50,000.	0.			GENERAL PURPOSE
APPEAL OF THE NOBEL PEACE LAUREATES FOUNDATION - P.O. BOX 4503 - CHARLOTTESVILLE, VA 22905	13-4165338	501(C)(3)	50,000.	0.			UNRESTRICTED
THE HAVEN AT FIRST & MARKET 112 W. MARKET STREET CHARLOTTESVILLE, VA 22902	47-1841856	501(C)(3)	50,000.	0.			FURTHER FUNDING OF THE PATHWAYS PROGRAM, PROVIDING ASSISTANCE TO THOSE IMPACTED BY THE
CITY OF HOPE 1500 EAST DUARTE RD DUARTE, CA 91010	95-3435919	501(C)(3)	50,000.	0.			THE CHIP HOOPER MEMORIAL FUND IN HONOR OF CORAN CAPSHAW'S "SPIRIT OF LIFE" CAMPAIGN
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN ST., SUITE 14 CHARLOTTESVILLE, VA 22902-5065	52-1436778	509(A)(1)	50,000.	0.			GENERAL PURPOSE
BLUE RIDGE AREA FOOD BANK P. O. BOX 937 VERONA, VA 24482-0937	52-1202644	501(C)(3)	50,000.	0.			GENERAL PURPOSE
SENTARA MARTHA JEFFERSON HOSPITAL FOUNDATION - 500 MARTHA JEFFERSON DRIVE - CHARLOTTESVILLE, VA 22911	30-0041113	509(A)(3) TYPE I	52,500.	0.			\$50,000 TO THE HADEN INSTITUTE FOR NURSING EXCELLENCE AND INNOVATION, AND \$2,500 TO
NELSON COUNTY EDUCATION FOUNDATION 2305 DUTCH CREEK LANE SHIPMAN, VA 22971	54-1371868	501(C)(3)	57,750.	0.			STUDENT SCHOLARSHIP

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
PIEDMONT VIRGINIA COMMUNITY COLLEGE - 501 COLLEGE DRIVE - CHARLOTTESVILLE, VA 22902		501(C)(3)	58,200.	0.			A PARTNERSHIP WITH CATEC TO ALIGN CURRICULUM, ENGAGE STAKEHOLDERS AND DESIGN CAREER PATHWAYS.
CHARLOTTESVILLE AREA COMMUNITY FOUNDATION - PO BOX 1767 - CHARLOTTESVILLE, VA 22902	54-1506312	501(C)(3)	59,907.	0.			THE FIRST CONTRACT PAYMENT TO ENTERPRISE COMMUNITY PARTNERS FOR THE STRENGTHENING SYSTEMS
MOTHER HEALTH INTERNATIONAL 229 LINKFORD AVENUE CHARLOTTESVILLE, VA 22903	27-3165657	501(C)(3)	60,000.	0.			THE SHAPING FUTURES PROGRAM TO IMPROVE BIRTH OUTCOMES FOR AFRICAN AMERICAN WOMEN AND REDUCE
CONSERVATION INTERNATIONAL P.O. BOX 418608 BOSTON, MA 02241-8608	52-1497470	501(C)(3)	60,000.	0.			THE MOBILE VET UNIT AT RETETI SANCTUARY IN KENYA
THE UNC CHAPEL HILL SCHOOL OF NURSING FOUNDATION - CB# 7460, CARRINGTON HALL - CHAPEL HILL, NC 27599-7460	58-1508175	501(C)(3)	63,000.	0.			6 ANNUAL NAMED SCHOLARSHIPS + \$33,000 TO MILITARY/VETERAN PROGRAM.
VIRGINIA ORGANIZING 703 CONCORD AVENUE CHARLOTTESVILLE, VA 22903	54-1674992	501(C)(3)	63,000.	0.			TUCKAHOE PRIMARY AND PRESCHOOL INC. TO RECEIVE \$60,000 AND TO COVER FEES CHARGED BY VIRGINIA
CHARLOTTESVILLE FREE CLINIC 1138 ROSE HILL DR., SUITE 200 CHARLOTTESVILLE, VA 22903-5128	54-1610405	509(A)(1)	71,975.	0.			GENERAL PURPOSES
CHARLOTTESVILLE CITY SCHOOLS 1562 DAIRY ROAD CHARLOTTESVILLE, VA 22903	54-6001203	501 (C)(3)	75,000.	0.			\$25,000 EACH TO MUSIC, TENNIS, AND ACADEMIC PROGRAMS
UNITED WAY-THOMAS JEFFERSON AREA 806 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0505882	501(C)(3)	75,000.	0.			SUPPORT OF THE COMMUNITY'S EARLY EDUCATION MIXED DELIVERY PROGRAM FOR THE 2017-18

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
NELSON COUNTY EDUCATION FOUNDATION 2305 DUTCH CREEK LANE SHIPMAN, VA 22971	54-1371868	501(C)(3)	87,000.	0.			SCHOLARSHIPS.
PIEDMONT ENVIRONMENTAL COUNCIL PO BOX 460 WARRENTON, VA 20188	54-0935569	501(C)(3)	94,756.	0.			"TO COMPLETE A REGIONAL BICYCLE AND PEDESTRIAN TRAIL TRANSPORTATION NETWORK IN THE CITY OF
GREATER CHARLOTTESVILLE AREA DEVELOPMENT CORPORATION - 209 FIFTH ST., NE - CHARLOTTESVILLE, VA 22902	51-0252306	501(C)(3)	95,838.	0.			FOR MEETING MILESTONE A AS OUTLINED IN THE PAYMENT SCHEDULE OF THE GRANT AGREEMENT
GREATER CHARLOTTESVILLE AREA DEVELOPMENT CORPORATION - 209 FIFTH ST., NE - CHARLOTTESVILLE, VA 22902	51-0252306	501(C)(3)	100,000.	0.			TO SUPPORT THE CHARLOTTESVILLE WORKS INITIATIVE PROGRAM
HABITAT FOR HUMANITY OF GREATER CHARLOTTESVILLE - 919 WEST MAIN STREET - CHARLOTTESVILLE, VA 22903	91-1914868	501(C)(3)	100,000.	0.			A SPECIAL PROJECT AT THE SOUTHWOOD DEVELOPMENT
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5913090	501(C)(3)	100,000.	0.			GENERAL PURPOSE IN HONOR OF THE 10 YEAR ANNIVERSARY
SMITHSONIAN CONSERVATION BIOLOGY INSTITUTE - 1500 REMOUNT RD - FRONT ROYAL, VA 22630	53-0206027	501(C)(3)	100,000.	0.			VIRGINIA WORKING LANDSCAPES/PROPOSAL DATED SEPTEMBER, 2017
JANE GOODALL INSTITUTE FOR WILDLIFE RESEARCH, EDUCATION & CONSERVATION - 1595 SPRING HILL RD. STE 550 - VIENNA, VA 22182	94-2474731	501(C)(3)	100,000.	0.			GENERAL PURPOSE
CITY OF HOPE 1055 WILSHIRE BLVD., 12TH FLOOR LOS ANGELES, CA 90017	95-3435919	501(C)(3)	100,000.	0.			GENERAL PURPOSE IN HONOR OF CORAN CAPSHAW'S "SPIRIT OF LIFE" CAMPAIGN

Schedule I (Form 990)

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312

Page 1

**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
SENTARA MARTHA JEFFERSON HOSPITAL FOUNDATION - 500 MARTHA JEFFERSON DRIVE - CHARLOTTESVILLE, VA 22911	30-0041113	509(A)(3) TYPE I	100,000.	0.			THE CENTER FOR CLINICAL EDUCATION GRANT
SENTARA MARTHA JEFFERSON HOSPITAL FOUNDATION - 500 MARTHA JEFFERSON DRIVE - CHARLOTTESVILLE, VA 22911	30-0041113	509(A)(3) TYPE I	102,000.	0.			WORKFORCE AND CAREER PATHWAYS DEVELOPMENT AND SUPPORT
BAMA WORKS FOUNDATION 700 HARRIS ST. #201 CHARLOTTESVILLE, VA 22902	54-1893960	501 (C)(3)	117,142.	0.			GENERAL OPERATING COSTS FOR FREE CONCERT IN CHARLOTTESVILLE ON 9.24.17
THE AMERICAN FRIENDS OF WINCHESTER COLLEGE - 228 PARK AVENUE SOUTH #37070 - NEW YORK, NY 10003	31-1706064	501(C)(3)	135,000.	0.			THE COLLEGES GOLF BURSARY FUND
BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA - P. O. BOX 707 - CHARLOTTESVILLE, VA 22902	54-1602004	501(C)(3)	166,667.	0.			SUPPORTING THE SOUTHWOOD CLUB EXPANSION. THIS IS THE FIRST INSTALLMENT OF A THREE YEAR GRANT
NORTHERN WESTCHESTER HOSPITAL FOUNDATION - 400 EAST MAIN ST. - MT. KISCO, NY 10549	13-4067064	501(C)(3)	250,000.	0.			THE KEN HAMILTON CAREGIVERS CENTER
CHESAPEAKE BAY FOUNDATION 6 HERNDON AVENUE ANNAPOLIS, MD 21403	52-6065757	501(C)(3)	400,000.	0.			GENERAL PURPOSE
BAMA WORKS FOUNDATION 700 HARRIS ST. #201 CHARLOTTESVILLE, VA 22902	54-1893960	501 (C)(3)	400,000.	0.			GENERAL OPERATING COSTS FOR FREE CONCERT IN CHARLOTTESVILLE ON 9.24.17
BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA - P. O. BOX 707 - CHARLOTTESVILLE, VA 22902	54-1602004	501(C)(3)	500,000.	0.			SUPPORTING EXPANSION EFFORTS IN ALBEMARLE COUNTY'S NORTHERN URBAN RING

Schedule I (Form 990)



CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

**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	130	457,295.	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: CHARLOTTESVILLE CATHOLIC SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: CAFETERIA IMPROVEMENTS SPECIFICALLY  
TO THE PURCHASE OF THE FAMILY STYLE DINING TABLES AND CHAIRS

NAME OF ORGANIZATION OR GOVERNMENT:

GREAT ASPIRATIONS SCHOLARSHIP PROGRAM, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: IN-SCHOOL FINANCIAL AID ADVISING AT  
BUCKINGHAM AND NELSON COUNTY HIGH SCHOOLS FOR THE 2017-2018 SCHOOL YEAR

NAME OF ORGANIZATION OR GOVERNMENT: JENKINS DONELSON FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: COSTS OF A FOOT HEALTH FAIR AND BACK  
TO SCHOOL DISTRIBUTION FOR UNDERSERVED FAMILIES IN BUCKINGHAM COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: JEREMIAH PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: ESTABLISHING A TWO-GENERATION,  
HOLISTIC PROGRAM FOR LOW-INCOME SINGLE MOMS WITH YOUNG CHILDREN IN  
CHARLOTTESVILLE, VA. PYMWYMI FUND IS ADVISED BY THE GOODKIN FAMILY. IT IS  
OKAY TO USE THE NAME OF THE FUND, BUT PLEASE DO NOT PUBLISH OUR NAMES

NAME OF ORGANIZATION OR GOVERNMENT: FRACTURED ATLAS PRODUCTIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: PRESENCE CENTER FOR APPLIED THEATRE  
ARTS AND THE MIMA WORKSHOPS FOR YOUTH AT FRIENDSHIP COURT IN  
CHARLOTTESVILLE, VA

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312 Page 2

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: REACH OUT AND READ

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDING ALL PEDIATRIC PATIENTS 0-5 WITH A FREE BOOK AT EACH VISIT TO ENCOURAGE PARENTS READING TO THEIR CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: RISE TOGETHER

(H) PURPOSE OF GRANT OR ASSISTANCE: MENTORSHIPS BETWEEN UNIVERSITY OF VIRGINIA STUDENTS AND K-12 STUDENTS IN CHARLOTTESVILLE

NAME OF ORGANIZATION OR GOVERNMENT: LOUISA COUNTY HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: RESEARCH ON A LOCAL AFRICAN-AMERICAN BURIAL SITE AND AWARENESS OF ENSLAVED INDIVIDUALS IN LOUISA COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: ROCKFISH WILDLIFE SANCTUARY

(H) PURPOSE OF GRANT OR ASSISTANCE: COSTS ASSOCIATED WITH BUILDING A NEW ACCLIMATION ENCLOSURE AND EXPANSION OF BEAR-PROOFING

NAME OF ORGANIZATION OR GOVERNMENT: WELLESLEY COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL GIVING. PLEASE ALLOCATE \$1,200 IN INCREMENTS OF \$200 EACH TO THE FOLLOWING: STUDENT AID; RELIGIOUS STUDIES; WOMEN'S CENTER; ATHLETICS; BOTANICAL GARDENS; LIBRARY. THE REMAINING \$5,000 DISTRIBUTE AS NECESSARY

NAME OF ORGANIZATION OR GOVERNMENT: ALLEGHENY MOUNTAIN INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: PAYING INSTRUCTORS WHO EDUCATE PARTICIPANTS IN THE ALLEGHENY MOUNTAIN INSTITUTE FELLOWSHIP PROGRAM

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CHARLOTTESVILLE CITY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CHARLOTTESVILLE HIGH SCHOOL TO COVER ORCHESTRA EXPENSES ASSOCIATED WITH NASHVILLE STUDENTS' VISIT AND VIDEO

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF VIRGINIA FILM FESTIVAL

(H) PURPOSE OF GRANT OR ASSISTANCE: OUR O&E PROGRAM SERVES THE VFF'S MISSION TO USE FILM TO ENCOURAGE PERSONAL AND SOCIAL EXPLORATION, WHILE BUILDING A LARGER LOCAL DIALOGUE ON TOPICAL ISSUES WITH COMMUNITY MEMBERS OF ALL AGES. THE VFF WILL UTILIZE THIS FUNDING TO ENHANCE EXISTING PROGRAMS,

NAME OF ORGANIZATION OR GOVERNMENT: VIRGINIA DEPARTMENT OF FORESTRY

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

NAME OF ORGANIZATION OR GOVERNMENT: JEFFERSON AREA BOARD FOR AGING

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURCHASE OF IPODS, HEADPHONES, AND SONGS FOR THE MUSIC AND MEMORY PROGRAM AT MOUNTAINSIDE SENIOR LIVING

NAME OF ORGANIZATION OR GOVERNMENT: VIRGINIA ORGANIZING

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES. THIS IS THE SECOND INSTALLMENT OF A 3 YEAR GRANT (\$30,000 TOTAL). AS A CONDITION OF THIS GIFT, YOU WILL BE REQUIRED TO SUBMIT A REPORT TO ANN KINGSTON AT ANN@REDLIGHTMANAGEMENT.ORG THAT DETAILS SUPPORTED ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: VIRGINIA ORGANIZING

CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION

Schedule I (Form 990)

54-1506312 Page 2

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THE URBAN AGRICULTURAL COLLECTIVE OF CHARLOTTESVILLE SUPPORTING THE FOOD PRODUCTION AND DISTRIBUTION PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN WIDOW PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: AMERICAN WIDOW PROJECT WEEKEND WITH DREAMCATCHERS IN TOANO/WILLIAMSBURG IN APRIL 5-9 2018.

NAME OF ORGANIZATION OR GOVERNMENT:

BIG BROTHERS BIG SISTERS OF THE CENTRAL BLUE RIDGE

(H) PURPOSE OF GRANT OR ASSISTANCE: THE COLLEGE-BASED BIGS MENTORING PROGRAM IN PARTNERSHIP WITH UNIVERSITY OF VIRGINIA'S MADISON HOUSE

NAME OF ORGANIZATION OR GOVERNMENT:

CHARLOTTESVILLE DEPARTMENT OF HUMAN SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: THE CITY OF CHARLOTTESVILLE'S ALLIANCE FOR BLACK MALE ACHIEVEMENT 'CHANGE THE NARRATIVE' PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN ENVIRONMENTAL LAW CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNICATION AND PUBLIC OUTREACH CAMPAIGN TO ADVANCE EFFORTS TO STOP THE ATLANTIC COAST PIPELINE

NAME OF ORGANIZATION OR GOVERNMENT: BLUE RIDGE HEALTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: RHOP HEALTH COMPASS PROGRAM, PROVIDING EDUCATION, PREVENTIVE HEALTH SERVICES, CARE NAVIGATION, AND PRIMARY CARE FOR LOW-INCOME PEOPLE IN NELSON COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

MONTICELLO AREA COMMUNITY ACTION AGENCY (MACAA)

732291  
04-01-17

Schedule I (Form 990)

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDING DIRECT CLIENT ASSISTANCE  
FOR EMERGENCY RENT AND UTILITY PAYMENTS, AS WELL AS OTHER CRISIS  
INTERVENTION

NAME OF ORGANIZATION OR GOVERNMENT: REGION TEN COMMUNITY SERVICES BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: STRENGTHENING MENTAL HEALTH DISASTER  
AND RECOVERY PREPAREDNESS, PROVIDE COMMUNITY BASED RECOVERY SUPPORT  
SERVICES FOR FRIENDSHIP COURT, AND ENHANCE A CULTURALLY RESPONSIVE  
WORKFORCE

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL RHINO FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCING BLACK RHINO MONITORING AND  
ANTI-POACHING SURVEILLANCE IN ZIMBABWE'S BUBYE VALLEY CONSERVANCY

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY-THOMAS JEFFERSON AREA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING THE DATA SHARING PROJECT,  
AS PART OF THE COMMUNITY FOUNDATION'S EARLY CHILDHOOD PARTNERSHIP WITH  
UNITED WAY

NAME OF ORGANIZATION OR GOVERNMENT: REGION TEN COMMUNITY SERVICES BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5000 TO THE ENDOWMENT FUND IN HONOR  
OF ROBERT JOHNSON, \$10,000 FOR THE WOMEN'S TREATMENT CENTER, AND \$2500  
FOR HELP HAPPENS HERE AT THE ATTENTION OF REBECCA KENDALL

NAME OF ORGANIZATION OR GOVERNMENT:

MEDICAL COLLEGE OF VIRGINIA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: VCU SON JOHNSON SCHOLARSHIPS/GIDDENS  
SCHOLARSHIP. \$10,000 PEGGY JOHNSON ENDOWED MERIT SCHOLARSHIP, \$5,000

**Part IV Supplemental Information**

PEGGY JOHNSON ANNUAL MERIT SCHOLARSHIP, \$5,000 JEAN GIDDENS MERIT  
SCHOLARSHIP

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: PIEDMONT ENVIRONMENTAL COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: "TO COMPLETE PLANS AND BUILD ACTIVE  
COMMUNITY ENGAGEMENT FOR A REGIONAL BIKE AND PEDESTRIAN TRAIL NETWORK IN  
CHARLOTTESVILLE AND ALBEMARLE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: MILLER SCHOOL OF ALBEMARLE

(H) PURPOSE OF GRANT OR ASSISTANCE: 51% 5-DAY BOARDER FEES \$20,400  
TUITION, \$300 FOR BOOKS, AND \$350 FOR GRADUATION EXPENSES FOR SPONSORED  
SENIOR

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: FOCUSED ULTRASOUND SURGERY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSE. THIS IS THE SECOND  
INSTALLMENT OF A TOTAL GIFT OF \$100,000 TO BE PAID IN EQUAL INSTALLMENTS  
OVER 4 YEARS. NO GRANT REPORT IS REQUIRED AND ADDITIONAL INSTALLMENTS  
WILL BE MADE ANNUALLY IN APRIL

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COMMON GROUND HEALING ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING THE COSTS OF THE GROUP  
HEALING SESSIONS THAT HAVE BEEN HELD FOR COMMUNITY MEMBERS AND  
SPECIFICALLY FOR AUGUST 12 CAREGIVERS

NAME OF ORGANIZATION OR GOVERNMENT: READYKIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING THE COSTS OF ADDITIONAL  
TRAUMA COUNSELORS. THIS IS TO MEET POST-AUGUST 12 INCREASED DEMAND FOR  
TRAUMA COUNSELING FOR SUPPORT TO KIDS

NAME OF ORGANIZATION OR GOVERNMENT: THE WOMEN'S INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING THE COSTS OF ADDITIONAL  
TRAUMA COUNSELORS. THIS IS TO MEET POST-AUGUST 12 INCREASED DEMAND FOR  
TRAUMA COUNSELING

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF VIRGINIA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES. THIS GRANT AN  
ANONYMOUS GIFT TO THE BRODY JEWISH CENTER FROM GWEN AND HOWARD GOODKIN.

NAME OF ORGANIZATION OR GOVERNMENT:

CHEROKEE AREA COUNCIL BOY SCOUTS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR BUILDING OF A MEDICAL LODGE IN  
MEMORY OF PHILLIP SHEFFER FROM VICTORIA NORWOOD AND KATHERINE KAHLER

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL TRUSTEE GIFTS. \$15,000.00 TO  
THE BEHAVIORAL SCIENCES DIVISION; \$5,000.00 TO THE DIVINITY VISITING

**Part IV Supplemental Information**

COMMITTEE ANNUAL FUND; AND \$5,000.00 TO THE PRESIDENT'S DISCRETIONARY  
FUND

NAME OF ORGANIZATION OR GOVERNMENT: CHARLOTTESVILLE CITY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10,000 TO JOHNSON ELEMENTARY  
SCHOOL, \$10,000 TO WALKER ELEMENTARY SCHOOL, AND \$10,000 TO REACH THEM TO  
TEACH THEM

NAME OF ORGANIZATION OR GOVERNMENT: VIRGINIA ORGANIZING

(H) PURPOSE OF GRANT OR ASSISTANCE: 3 YEAR GRANT (\$30,000 PER YEAR)  
PROVIDING GENERAL SUPPORT. PLEASE PROVIDE THE COMMUNITY FOUNDATION WITH  
AN ANNUAL WRITTEN REPORT ON YOUR ACTIVITIES AND THE USE OF THE FUNDS

NAME OF ORGANIZATION OR GOVERNMENT: REGION TEN COMMUNITY SERVICES BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: STRENGTHENING MENTAL HEALTH DISASTER  
AND RECOVERY PREPAREDNESS, PROVIDE COMMUNITY BASED RECOVERY SUPPORT  
SERVICES FOR FRIENDSHIP COURT, AND ENHANCE A CULTURALLY RESPONSIVE  
WORKFORCE

NAME OF ORGANIZATION OR GOVERNMENT: INNOCENCE PROJECT INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES. THIS IS THE 2ND  
PAYMENT OF A \$100,000 GRANT PAYABLE OVER 3 YEARS. AN ANNUAL GRANT REPORT  
IS REQUIRED TO BE SENT TO ANN KINGSTON AT ANN@REDLIGHTMANAGEMENT.COM AND  
BRENNAN GOULD AT BGOULD@CACFONLINE.ORG BEFORE THE NEXT INSTALLMENT

NAME OF ORGANIZATION OR GOVERNMENT: MOTHER HEALTH INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROGRAM TO IMPROVE BIRTH  
OUTCOMES FOR AFRICAN AMERICAN WOMEN AND REDUCE THE RACIAL DISPARITY

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER CHARLOTTESVILLE AREA DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SALARY AND BENEFITS FOR THE PEER NETWORK COORDINATOR AND EXECUTIVE ASSISTANT ROLES. THIS IS THE SECOND INSTALLMENT OF THE MULTI-YEAR GRANT AND FULFILLS THE COMMITMENT FOR YEAR 1.

NAME OF ORGANIZATION OR GOVERNMENT:

BON SECOURS RICHMOND HEALTH CARE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: BS MCON NURSING MERIT SCHOLARSHIPS. SMITH, SMITH, NELSON, PITSENBARGER, HILBURN ANNUAL SCHOLARSHIPS AND HILBURN ENDOWED SCHOLARSHIP (\$20,000)

NAME OF ORGANIZATION OR GOVERNMENT: BOW FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THIS GRANT IS TO HELP FUND A RESEARCH PROJECT WILL COST ROUGHLY \$150,000 AND INVOLVES A STUDY AT THE UNIVERSITY OF VIRGINIA LED BY DR. MICHAEL MCCONNELL. USING A TINY SKIN SAMPLE FROM 2 INDIVIDUALS AFFECTED BY THE GNAO1 MUTATION,

NAME OF ORGANIZATION OR GOVERNMENT: THE HAVEN AT FIRST & MARKET

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING THE PATHWAYS PROGRAM, WHICH IS PROVIDING DIRECT ASSISTANCE TO VICTIMS TO MEET THEIR FINANCIAL NEEDS ARISING IN RELATION TO INJURIES INCURRED ON AUGUST 12

NAME OF ORGANIZATION OR GOVERNMENT: THE WOMEN'S INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING THE COSTS OF ADDITIONAL TRAUMA COUNSELORS. THIS IS TO MEET POST-AUGUST 12 INCREASED DEMAND FOR

**Part IV** Supplemental Information

TRAUMA COUNSELING

NAME OF ORGANIZATION OR GOVERNMENT: THE HAVEN AT FIRST & MARKET

(H) PURPOSE OF GRANT OR ASSISTANCE: FURTHER FUNDING OF THE PATHWAYS PROGRAM, PROVIDING ASSISTANCE TO THOSE IMPACTED BY THE EVENTS OF AUGUST 11/12

NAME OF ORGANIZATION OR GOVERNMENT:

SENTARA MARTHA JEFFERSON HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$50,000 TO THE HADEN INSTITUTE FOR NURSING EXCELLENCE AND INNOVATION, AND \$2,500 TO MARTHA'S MARKET

NAME OF ORGANIZATION OR GOVERNMENT: PIEDMONT VIRGINIA COMMUNITY COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: A PARTNERSHIP WITH CATEC TO ALIGN CURRICULUM, ENGAGE STAKEHOLDERS AND DESIGN CAREER PATHWAYS. THIS IS THE SECOND INSTALLMENT OF THE GRANT.

NAME OF ORGANIZATION OR GOVERNMENT:

CHARLOTTESVILLE AREA COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE FIRST CONTRACT PAYMENT TO ENTERPRISE COMMUNITY PARTNERS FOR THE STRENGTHENING SYSTEMS PUBLIC HOUSING GRANT

NAME OF ORGANIZATION OR GOVERNMENT: MOTHER HEALTH INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: THE SHAPING FUTURES PROGRAM TO IMPROVE BIRTH OUTCOMES FOR AFRICAN AMERICAN WOMEN AND REDUCE THE RACIAL DISPARITY IN THE HEALTH DISTRICT.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: VIRGINIA ORGANIZING

(H) PURPOSE OF GRANT OR ASSISTANCE: TUCKAHOE PRIMARY AND PRESCHOOL INC.  
TO RECEIVE \$60,000 AND TO COVER FEES CHARGED BY VIRGINIA ORGANIZING OF  
\$3,000

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY-THOMAS JEFFERSON AREA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF THE COMMUNITY'S EARLY  
EDUCATION MIXED DELIVERY PROGRAM FOR THE 2017-18 SCHOOL YEAR TO HELP FUND  
GRANT TARGET ENROLLMENTS

NAME OF ORGANIZATION OR GOVERNMENT: PIEDMONT ENVIRONMENTAL COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: "TO COMPLETE A REGIONAL BICYCLE AND  
PEDESTRIAN TRAIL TRANSPORTATION NETWORK IN THE CITY OF CHARLOTTESVILLE  
AND ALBEMARLE COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING THE SOUTHWOOD CLUB  
EXPANSION. THIS IS THE FIRST INSTALLMENT OF A THREE YEAR GRANT TOTALING  
\$500,000. CONGRATULATIONS ON REACHING THE GOAL SO QUICKLY

NAME OF ORGANIZATION OR GOVERNMENT: COLUMBIA UNIVERSITY

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **CHARLOTTEVILLE 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 ..... **1b**

**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? ..... **2**

**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? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- 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? ..... **5a**
- b** Any related organization? ..... **5b**
- 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? ..... **6a**
- b** Any related organization? ..... **6b**
- 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 ..... **7**

**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 ..... **8**

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

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

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

Schedule J (Form 990) 2017

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)	199,869.	0.	0.	0.	4,853.	204,722.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **CHARLOTTESVILLE 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	51	2,456,022.	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) 2017

CHARLOTTESVILLE AREA COMMUNITY

Schedule M (Form 990) 2017

FOUNDATION

54-1506312

Page 2

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

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

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

FOR 46 OTHER NON-PROFIT ORGANIZATIONS. WE FACILITATED OVER 7500  
TRANSACTIONS (5650 CONTRIBUTIONS AND 1850 DISTRIBUTIONS).

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	253,728.
INCOME FROM PASSTHROUGH ENTITY	-705,216.
TOTAL TO FORM 990, PART XI, LINE 9	-451,488.

2017 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.	12,363.		951.	13,314.
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.	590.		11.	601.
15	DESK (A. SCOTT)	07/10/13	SL	5.00		16	750.				750.	506.		150.	656.
16	CARPETING (CEO OFFICE)	10/01/13	SL	5.00		16	1,642.				1,642.	1,025.		328.	1,353.
17	ROUTER	10/16/13	SL	5.00		16	1,068.				1,068.	669.		214.	883.

2017 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
18	OPTIPLEX CPU	12/30/13	SL	5.00		16	817.				817.	510.		163.	673.
19	FLOORING FOR LOBBY	08/09/16	SL	7.00		16	3,523.				3,523.	210.		503.	713.
20	FRONT LOBBY RENOVATIONS	02/01/17	SL	7.00		16	6,455.				6,455.			845.	845.
21	ERIK'S LENOVA LAPTOP	02/22/17	SL	5.00		16	756.				756.			126.	126.
22	FRONT LOBBY SIGNAGE-GROPEN	04/21/17	SL	7.00		16	4,095.				4,095.			390.	390.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						101,531.				101,531.	84,327.		3,681.	88,008.
	* GRAND TOTAL 990 PAGE 10 DEPR						101,531.				101,531.	84,327.		3,681.	88,008.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						90,225.			0.	90,225.	84,327.			86,647.
	ACQUISITIONS						11,306.			0.	11,306.	0.			1,361.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						101,531.			0.	101,531.	84,327.			88,008.
	ENDING ACCUM DEPR											88,008.			
	ENDING BOOK VALUE											13,523.			

Form **990-W**  
(Worksheet)  
Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0976

**2018**

▶ Go to [www.irs.gov/F990W](http://www.irs.gov/F990W) for instructions and the latest information.  
▶ 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 for trusts. 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. <b>Note:</b> 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 2017 return. See instructions. <b>Caution:</b> 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	<b>2018 Estimated Tax.</b> 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	2017 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** (2018)

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

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING  
DECEMBER 31, 2017

<b>Prepared for</b>	CHARLOTTESVILLE AREA COMMUNITY FOUNDATION P.O. BOX 1767 CHARLOTTESVILLE, VA 22902
<b>Prepared by</b>	KEITER, STEPHENS, HURST, GARY & SHREAVES, PC 4401 DOMINION BLVD GLEN ALLEN, VA 23060
<b>Amount due or refund</b>	OVERPAYMENT OF \$1,640. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.
<b>Make check payable to</b>	NO AMOUNT IS DUE.
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	NOVEMBER 15, 2018
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

Form **990-T**

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

OMB No. 1545-0687

**2017**

For calendar year 2017 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ 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

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

<p><b>C</b> Book value of all assets at end of year  <b>201,685,561.</b></p>	<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> 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</p>
--	--

**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**

<b>Part I Unrelated Trade or Business Income</b>	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b> 63,059.		63,059.
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b> -4,421.	<b>STMT 1</b>	-4,421.
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 58,638.		58,638.

**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.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		
<b>16</b> Repairs and maintenance	<b>16</b>		
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>		
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>22b</b>
<b>23</b> Depletion	<b>23</b>		
<b>24</b> Contributions to deferred compensation plans	<b>24</b>		
<b>25</b> Employee benefit programs	<b>25</b>		
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>		
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>		
<b>28</b> Other deductions (attach schedule)	<b>28</b>		
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>		0.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>		58,638.
<b>31</b> Net operating loss deduction (limited to the amount on line 30) <b>SEE STATEMENT 2</b>	<b>31</b>		58,638.
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>		0.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>		1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>		0.

**CHARLOTTESVILLE AREA COMMUNITY  
FOUNDATION**

Form 990-T (2017)

54-1506312

Page 2

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

<b>Part IV Tax and Payments</b>			
<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>		
<b>b</b> Other credits (see instructions)	<b>41b</b>		
<b>c</b> General business credit. Attach Form 3800	<b>41c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>		
<b>e Total credits.</b> Add lines 41a through 41d	<b>41e</b>		
<b>42</b> Subtract line 41e from line 40	<b>42</b>		0.
<b>43</b> 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)	<b>43</b>		
<b>44 Total tax.</b> Add lines 42 and 43	<b>44</b>		0.
<b>45a</b> Payments: A 2016 overpayment credited to 2017	<b>45a</b>	1,640.	
<b>b</b> 2017 estimated tax payments	<b>45b</b>		
<b>c</b> Tax deposited with Form 8868	<b>45c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>		
<b>e</b> Backup withholding (see instructions)	<b>45e</b>		
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>		
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	<b>45g</b>		
<b>46 Total payments.</b> Add lines 45a through 45g	<b>46</b>		1,640.
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>		
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b>		
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b>		1,640.
<b>50</b> Enter the amount of line 49 you want: Credited to 2018 estimated tax 1,640. Refunded	<b>50</b>		0.

<b>Part V Statements Regarding Certain Activities and Other Information</b> (see instructions)			
<b>51</b> At any time during the 2017 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
<b>52</b> 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
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$			

**Sign Here**

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

<b>Signature of officer</b> _____	<b>Date</b> _____	<b>CEO</b> _____	<b>Title</b> _____
-----------------------------------	-------------------	------------------	--------------------

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>VIRGINIA R. BELCHER</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00421964</b>
	Firm's name <b>▶ KEITER, STEPHENS, HURST, GARY &amp; SHREAVES, P</b>	Firm's EIN <b>▶ 54-1631262</b>			
	Firm's address <b>▶ GLEN ALLEN, VA 23060</b>	Phone no. <b>(804) 747-0000</b>			

Form 990-T (2017)

**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	<b>Cost of goods sold.</b> 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	<b>Total.</b> 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 0.

(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)		%		
<b>Totals</b> .....		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.
<b>Total dividends-received deductions</b> 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)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 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)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 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)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 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)						
<b>Totals</b> (carry to Part II, line (5)) .....		0.	0.			0.

CHARLOTTESVILLE AREA COMMUNITY

Form 990-T (2017) 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)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

Form 990-T (2017)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS STATEMENT 1

DESCRIPTION	AMOUNT
INCOME FROM PASSTHROUGH ENTITY	-4,421.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-4,421.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/10	190,166.	190,166.	0.	0.
12/31/11	301,713.	235,106.	66,607.	66,607.
NOL CARRYOVER AVAILABLE THIS YEAR			66,607.	66,607.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>CHARLOTTEVILLE AREA COMMUNITY FOUNDATION</b>	Employer identification number (EIN) or  <b>54-1506312</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 1767</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHARLOTTEVILLE, VA 22902</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**ORGANIZATION TREASURER**

• The books are in the care of ▶ **114 4TH ST S.E. - CHARLOTTEVILLE, VA 22902-1767**  
Telephone No. ▶ **(434) 296-1024** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2017** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	1,640.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# 2017 TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING  
DECEMBER 31, 2017

<b>Prepared for</b>	CHARLOTTESVILLE AREA COMMUNITY FOUNDATION P.O. BOX 1767 CHARLOTTESVILLE, VA 22902
<b>Prepared by</b>	KEITER, STEPHENS, HURST, GARY & SHREAVES, PC 4401 DOMINION BLVD GLEN ALLEN, VA 23060
<b>To be signed and dated by</b>	NOT APPLICABLE
<b>Amount of tax</b>	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
<b>Overpayment</b>	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	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.
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	



**2017 Virginia  
Form 500**

Page 2

FEIN <b>54-1506312</b>
---------------------------



**INCOME**

1. Federal taxable income (from enclosed federal return) .....	1.	<b>0</b> .00
2. Total additions from Schedule 500ADJ, Section A, Line 7 .....	2.	.00
3. Total (add Lines 1 and 2) .....	3.	.00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10 .....	4.	.00
5. Balance (subtract Line 4 from Line 3) .....	5.	.00
6. Savings and Loan Association's Bad Debt Deduction (see instructions) .....	6.	.00
7. <b>Virginia taxable income</b> (subtract Line 6 from Line 5) .....	7.	.00

**TAX COMPUTATION**

8. **Multistate Corporation** - If business conducted within and without Virginia (Multistate Corporation), enclose 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)	.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(g) .....	8(b)	%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c) .....	8(c)	.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e) .....	8(d)	.00

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

9.	<b>0</b> .00
----	--------------

**PAYMENTS AND CREDITS**

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B .....	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9) .....	11.	.00
12. 2017 estimated Virginia income tax payments including overpayment credit from 2016 .....	12.	.00
13. Extension payment .....	13.	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A .....	14.	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D .....	15.	.00
16. <b>Total payments and credits</b> (add Lines 12 through 15) .....	16.	.00

**REFUND OR TAX DUE**

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11) .....	17.	.00
18. Penalty (see instructions) .....	18.	.00
19. Interest (see instructions) .....	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C) .....	20.	.00
21. <b>Total due</b> (add Lines 17 through 20) .....	21.	.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16) .....	22.	.00
23. Amount to be credited to 2018 estimated tax .....	23.	.00
24. <b>Amount to be refunded</b> (subtract Line 23 from Line 22) .....	24.	.00

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 <b>CEO</b>
Printed Name of Officer <b>BRENNAN GOULD</b>		Phone Number
Print Preparer's Name and Firm Name <b>VIRGINIA R. BELCHER KEITER, STEPHENS, HURST, GARY &amp; SHREAVES, PC</b>		Preparer Phone Number <b>(804)747-0000</b>
Date	Individual or Firm, Signature of Preparer	Address of Preparer <b>4401 DOMINION BLVD GLEN ALLEN, VA 23060</b>
Preparer's FEIN, PTIN, or SSN <b>P00421964</b>		Approved Vendor Code <b>1019</b>

**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



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.  
Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return **CHARLOTTESVILLE AREA COMMUNITY FOUNDAT** 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>58638</u>	.00
3. Net Operating Loss Deduction .....	3.	<u>58638</u>	.00
4. Special Deductions .....	4.	<u>1000</u>	.00
5. Federal Taxable Income after NOL and Special Deductions .....	5.	_____	.00

**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
------------------------------	----	-------	-----

**Form 5884 - Work Opportunity Credit**

9. Salaries and Wages not deducted due to the WOTC .....	9.	_____	.00
--	----	-------	-----

**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>3681</u>	.00

**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
--	-----	-------	-----

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

<b>Corporation Name</b>	<b>Federal ID Number</b>
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 2017 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 (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2017 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 Virginia Tax 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 Virginia Tax. 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 2017 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 2017 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 2017 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 Virginia Tax. 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 \_\_\_\_\_