

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHARLOTTESVILLE AREA COMMUNITY FOUNDATION		D Employer identification number 54-1506312
	Doing business as		E Telephone number (434) 296-1024
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 34,031,723.
	P.O. BOX 1767		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code CHARLOTTESVILLE, VA 22902		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: BRENNAN GOULD 114 4TH ST S.E., CHARLOTTESVILLE, VA 22902		H(c) Group exemption number	
I 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			
J Website: WWW.CACFONLINE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1967	M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GRANTS TO NON-PROFITS MAINLY IN CENTRAL VA & MANAGE CHARITABLE FUNDS FOR INDIVIDUALS & AGENCIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-57,791.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	57,576,138.	25,000,314.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,036,663.	8,615,457.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,997,239.	415,952.
		77,610,040.	34,031,723.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,422,725.	18,582,780.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,386,285.	1,547,403.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	105,037.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,440,608.	1,971,062.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	36,249,618.	22,101,245.	
19 Revenue less expenses. Subtract line 18 from line 12	41,360,422.	11,930,478.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	339,690,669.	282,309,437.
	22 Net assets or fund balances. Subtract line 21 from line 20	50,042,633.	37,964,577.
		289,648,036.	244,344,860.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	KRISTIN HENNINGSEN, SECRETARY Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JAYME MIKA				P00852731
Preparer Use Only	Firm's name KEITER, STEPHENS, HURST, GARY & SHREAVES		Firm's EIN 54-1631262		
	Firm's address 4401 DOMINION BLVD GLEN ALLEN, VA 23060		Phone no. (804) 747-0000		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
CREATE EQUITABLE, SUSTAINABLE, LIFE-IMPROVING OPPORTUNITIES IN CHARLOTTESVILLE AND COUNTIES OF ALBEMARLE, BUCKINGHAM, FLUVANNA, GREENE, LOUISA, NELSON, AND ORANGE. WORK WITH DONORS TO FULFILL THEIR INTERESTS AND CONDUCT 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 No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 21,295,390. including grants of \$ 18,582,780.) (Revenue \$ _____)
WE ARE A COMMUNITY-CENTERED, EQUITY-FORWARD ORGANIZATION COMMITTED TO HELPING OUR REGION BE A PLACE WHERE EVERYONE CAN BELONG, CONTRIBUTE, PARTICIPATE, AND THRIVE. IN 2022, THE FOUNDATION RECEIVED CONTRIBUTIONS TOTALING \$25,000,314 FROM 1,182 DONORS WHO MADE 1,503 DONATIONS. THE FOUNDATION DISBURSED 2,514 GRANTS TOTALING \$18,582,780 TO OUR REGION IN CENTRAL VIRGINIA AND BEYOND TO INITIATIVES WORKING IN A BOARD RANGE OF IMPACT AREAS AND CAUSES. IN ADDITION, THE FOUNDATION SUPPORTED 199 STUDENTS THROUGH SCHOLARSHIP SUPPORT TOTALING \$933,890. THE FOUNDATION OPENED 31 NEW FUNDS IN 2022 AND MANAGED 432 FUNDS AS OF DECEMBER 31, 2022. THE FOUNDATION CONTINUED TO SUPPORT AND CLOSE OUT MULTI-YEAR COMMITMENTS MADE THROUGH ITS DISCRETIONARY GRANTS PORTFOLIO OF PROGRAMS AND REFINE THE DESIGN OF NEW PROGRAMS TO BE INTRODUCED IN 2023.

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

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

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

4e Total program service expenses **21,295,390.**

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**CHARLOTTEVILLE AREA COMMUNITY
FOUNDATION**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**CHARLOTTEVILLE AREA COMMUNITY
FOUNDATION**

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	21
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		16
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	11		
b Enter the number of voting members included on line 1a, above, who are independent	1b	11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b			X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed VA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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

**CHARLOTTEVILLE AREA COMMUNITY
FOUNDATION**

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) BRENNAN GOULD PRESIDENT, TREASURER & CEO	40.00	X		X			264,727.	0.	25,752.	
(2) RYAN JACOBY DIRECTOR OF OPERATIONS	40.00				X		132,687.	0.	15,268.	
(3) EBONI BUGG DIRECTOR OF PROGRAMS	40.00				X		124,707.	0.	13,226.	
(4) MS. HEATHER L. CARLTON DIRECTOR	1.00	X					0.	0.	0.	
(5) MR. GLENN RUST CHAIR	1.00	X		X			0.	0.	0.	
(6) MR. ANTWON BRINSON DIRECTOR	1.00	X					0.	0.	0.	
(7) MS. HELENE DOWNS DIRECTOR	1.00	X					0.	0.	0.	
(8) MS. LIBBY EDWARDS-ALLBAUGH DIRECTOR	1.00	X					0.	0.	0.	
(9) MRS. KRISTIN HENNINGSEN SECRETARY	1.00	X		X			0.	0.	0.	
(10) MS. KRISTINA KOUTRAKOS DIRECTOR	1.00	X					0.	0.	0.	
(11) MS. ANDREA ROBERTS VICE-CHAIR	1.00	X		X			0.	0.	0.	
(12) MRS. DIANE SCHMIDT DIRECTOR	1.00	X					0.	0.	0.	
(13) MR. ROBERT D. SWEENEY DIRECTOR	1.00	X					0.	0.	0.	
(14) MR. RAY MISHLER DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
1b Subtotal							522,121.	0.	54,246.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							522,121.	0.	54,246.	

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 3

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

Section B. Independent Contractors

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

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

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

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	25,000,314.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,310,400.					
	h Total. Add lines 1a-1f		25,000,314.					
Program Service Revenue	2 a _____	Business Code						
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,280,617.			4280617.		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses ...	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	4,334,840.				
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b	0.			
			c Gain or (loss)	7c	4,334,840.			
	d Net gain or (loss)			4,334,840.		4334840.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b				
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a FEE INCOME	900099	324,365.	324,365.				
	b OTHER INCOME	900999	103,558.	103,558.				
	c INCOME FROM PASSTHROUGH	900099	-11,971.	45,820.	-57,791.			
	d All other revenue							
	e Total. Add lines 11a-11d			415,952.				
12 Total revenue. See instructions			34,031,723.	473,743.	-57,791.	8615457.		

**CHARLOTTEVILLE AREA COMMUNITY
FOUNDATION**

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,648,890.	17,648,890.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	933,890.	933,890.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	290,479.	203,335.	72,620.	14,524.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,013,329.	752,288.	215,206.	45,835.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,529.	48,017.	14,477.	3,035.
9 Other employee benefits	92,980.	66,432.	22,497.	4,051.
10 Payroll taxes	85,086.	62,347.	18,798.	3,941.
11 Fees for services (nonemployees):				
a Management				
b Legal	5,962.	2,981.	2,981.	
c Accounting	71,315.		71,315.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	933,631.	933,631.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	225,373.	172,022.	53,351.	
12 Advertising and promotion				
13 Office expenses	75,531.	63,543.	10,260.	1,728.
14 Information technology	212,124.	108,643.	82,785.	20,696.
15 Royalties				
16 Occupancy	49,323.	36,142.	10,897.	2,284.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	27,501.		27,501.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROFESSIONAL DEVELOPMENTS	208,039.	192,562.	12,795.	2,682.
b COMMUNICATIONS	96,416.	65,110.	25,045.	6,261.
c TAXES	60,290.		60,290.	
d MISCELLANEOUS	5,557.	5,557.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	22,101,245.	21,295,390.	700,818.	105,037.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

CHARLOTTEVILLE AREA COMMUNITY
FOUNDATION

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,391,835.	1	1,915,779.
	2 Savings and temporary cash investments	14,107,050.	2	15,708,160.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 112,063.		
	b Less: accumulated depreciation	10b 112,063.	10c 0.	0.
	11 Investments - publicly traded securities	257,845,110.	11	215,918,942.
	12 Investments - other securities. See Part IV, line 11	43,851,795.	12	32,899,987.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	22,494,879.	15	15,866,569.
16 Total assets. Add lines 1 through 15 (must equal line 33)	339,690,669.	16	282,309,437.	
Liabilities	17 Accounts payable and accrued expenses	37,886.	17	93,127.
	18 Grants payable	4,668,697.	18	2,742,457.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	45,336,050.	25	35,128,993.
	26 Total liabilities. Add lines 17 through 25	50,042,633.	26	37,964,577.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	267,099,299.	27	228,428,548.
	28 Net assets with donor restrictions	22,548,737.	28	15,916,312.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	289,648,036.	32	244,344,860.
	33 Total liabilities and net assets/fund balances	339,690,669.	33	282,309,437.

Form 990 (2022)

**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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	34,031,723.
2 Total expenses (must equal Part IX, column (A), line 25)	2	22,101,245.
3 Revenue less expenses. Subtract line 2 from line 1	3	11,930,478.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	289,648,036.
5 Net unrealized gains (losses) on investments	5	-52,123,566.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	-5,110,088.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	244,344,860.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

**CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION**

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25108429.	10193778.	21420156.	57576138.	25000314.	139298815
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	25108429.	10193778.	21420156.	57576138.	25000314.	139298815
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						55396330.
6 Public support. Subtract line 5 from line 4.						83902485.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	25108429.	10193778.	21420156.	57576138.	25000314.	139298815
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3109259.	3350094.	3102103.	3615788.	4280167.	17457411.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	212,101.	123,370.	346,601.	63,668.		745,740.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,776.	4,203.	198,898.	16,622.	103,558.	330,057.
11 Total support. Add lines 7 through 10						157832023
12 Gross receipts from related activities, etc. (see instructions)					12	1,363,979.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	53.16	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	55.62	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

**CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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

**CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

**CHARLOTTEVILLE AREA COMMUNITY
FOUNDATION**

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

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

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

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION**

Schedule A (Form 990) 2022

54-1506312 Page 7

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

**CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION**

Employer identification number

54-1506312

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization CHARLOTTESVILLE AREA COMMUNITY FOUNDATION	Employer identification number 54-1506312
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 13,108,068.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 580,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,570,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHARLOTTESVILLE AREA COMMUNITY FOUNDATION	Employer identification number 54-1506312
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization CHARLOTTESVILLE AREA COMMUNITY FOUNDATION	Employer identification number 54-1506312
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-9. Monitoring and enforcement details (number of easements, states, policy, staff hours, expenses, requirements).

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.

Form with sections 1a-1b and 2. 1a: Text of footnote for art collection. 1b: Amounts for art collection (revenue/assets). 2: Amounts for art collection for financial gain (revenue/assets).

CHARLOTTESVILLE AREA COMMUNITY FOUNDATION

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		112,063.	112,063.	0.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

**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) INVESTMENT LIMITED		
(B) PARTNERSHIP	32,899,987.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	32,899,987.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUSTS	15,856,312.
(2) HEALTH & VISION INSURANCE WITHHOLDING	10,257.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	15,866,569.

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) AGENCY FUNDS PAYABLE	35,128,993.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	35,128,993.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	-24,135,562.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-52,123,566.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-5,122,059.	
e	Add lines 2a through 2d	2e		-57,245,625.
3	Subtract line 2e from line 1	3		33,110,063.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	921,660.	
c	Add lines 4a and 4b	4c		921,660.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		34,031,723.

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

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

1	Total expenses and losses per audited financial statements		1	21,167,614.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		21,167,614.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	933,631.	
c	Add lines 4a and 4b	4c		933,631.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		22,101,245.

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 V, LINE 4:

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

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

Part XIII Supplemental Information (continued)

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 -5,122,059.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INCOME FROM PASSTHROUGH ENTITY -11,971.

INVESTMENT MANAGEMENT FEES 933,631.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 921,660.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MANAGEMENT FEES 933,631.

**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 for the latest information.

OMB No. 1545-0047

2022

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COMMUNITY ARTSREACH 217 RUTHERFORD CT. NW ROANOKE, VA 24018	84-3002303	501(C)(3)	20,000.	0.			GENERAL PURPOSES
IX ART PARK FOUNDATION 201 EAST MAIN STREET CHARLOTTESVILLE, VA 22902	83-3099795	501(C)(3)	81,000.	0.			RESTRICTED PURPOSE OF PAYING THE CSI INVOICE FOR INSTALLATION OF ARTISTIC WRAP AT DEWBERRY
100 BLACK MEN OF CENTRAL VIRGINIA P. O. BOX 8226 CHARLOTTESVILLE, VA 22906	30-0598112	501(C)(3)	50,000.	0.			THE M3 SUMMER PROGRAM FOR UPCOMING YEAR
ADULT COMMUNITY EDUCATION P. O. BOX 872 LOUISA, VA 23093	54-1670786	501(C)(3)	8,000.	0.			BAMA WORKS 2022 GRANT
AFRICAN-AMERICAN TEACHING FELLOWS OF CHARLOTTESVILLE-ALBEMARLE, INC. - P. O. BOX 5064 - CHARLOTTESVILLE, VA 22905	83-0413067	501(C)(3)	55,000.	0.			AREA OF GREATEST NEED TO BENEFIT THE COMMUNITY AND GENERAL OPERATING
ALBEMARLE CHARLOTTESVILLE HISTORICAL SOCIETY - 200 SECOND STREET, NE - CHARLOTTESVILLE, VA 22902-5245	54-6052638	501(C)(3)	25,000.	0.			GENERAL PURPOSES

- 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) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

CHARLOTTESVILLE AREA COMMUNITY
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBEMARLE COUNTY POLICE FOUNDATION PO BOX 5043 CHARLOTTESVILLE, VA 22905	54-1642231	501(C)(3)	10,000.	0.			GENERAL PURPOSES; FROM RICHARD AND CINDY HEWITT AND HOLIDAY SUPPORT - FAMILY PARTY SPONSOR
ALL BLESSINGS FLOW 3509 W. MONACAN DR. CHARLOTTESVILLE, VA 22901-1029	82-1806020	501(C)(3)	44,500.	0.			AREA OF GREATEST NEED AND SUPPORT OF WORK OUTLINED IN GRANT APPLICATION
ALLEGHENY MOUNTAIN INSTITUTE P.O. BOX 542 STAUNTON, VA 24402	46-5717620	501(C)(3)	10,000.	0.			SUPPORT OF PARTICIPANTS IN THE ALLEGHENY MOUNTAIN INSTITUTE FARM AND FOOD FELLOWSHIP PROGRAM
ALLIANCE FOR INTERFAITH MINISTRIES (AIM) - PO BOX 7331 - CHARLOTTESVILLE, VA 22906	52-1258674	501(C)(3)	7,500.	0.			GENERAL PURPOSES
ALS ASSOCIATION: DC/MD/VA CHAPTER 30 WEST GUDE DRIVE ROCKVILLE, MD 20850	52-1749047	501(C)(3)	20,000.	0.			RAMP PROJECT
AMERICAN CHESTNUT FOUNDATION 50 NORTH MERRIMON AVE., SUITE 115 ASHEVILLE, NC 28804	41-1483019	501(C)(3)	20,000.	0.			IMPROVING THE USABILITY AND INTERACTIVITY OF "DENTATABASE"
AMERICAN RED CROSS C/O MR. BILL BRENT 1105 ROSE HILL D CHARLOTTESVILLE, VA 22903	53-0196605	501(C)(3)	6,000.	0.			THE SICKLE CELL BLOOD DRIVE AND BAMA WORKS 2022 GRANT
APPALACHIAN MOUNTAIN ADVOCATES PO BOX 507 LEWISBURG, WV 24901	55-0781483	501(C)(3)	25,000.	0.			STOPPING THE MVP, MVP SOUTHGATE, LAMBERT COMPRESSOR STATION AND ANY NEW FRACKED GAS
APPALACHIAN VOICES 589 WEST KING ST. BOONE, NC 28607	56-2049956	501(C)(3)	15,000.	0.			STOPPING THE MVP, MVP SOUTHGATE, LAMBERT COMPRESSOR STATION AND ANY NEW FRACKED GAS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTISTIC REMEDIES FOR CREATIVE HEARTS - 8767 SEMINOLE TRL STE 101 - RUCKERSVILLE, VA 22968	87-1154908	501(C)(3)	8,000.	0.			BAMA WORKS 2022 GRANT
BEATDIABETES PO BOX 4562 CHARLOTTESVILLE, VA 22905	36-4943518	501(C)(3)	15,000.	0.			GENERAL PURPOSES
BENNETT'S VILLAGE 716 SHAMROCK RD CHARLOTTESVILLE, VA 22903	85-2420979	501(C)(3)	15,000.	0.			GENERAL PURPOSES
BEYOND BOUNDARIES 3904 PATTERSON AVE. RICHMOND, VA 23221	47-1935834	501(C)(3)	10,000.	0.			VETERAN'S PROGRAMS
BIG BROTHERS BIG SISTERS OF THE CENTRAL BLUE RIDGE - 420 EAST MAIN STREET, SUITE B - CHARLOTTESVILLE, VA 22902	54-1108066	501(C)(3)	44,000.	0.			GENERAL PURPOSES, THE TEEN EMPLOYMENT PROGRAM AND BAMA WORKS 2022 GRANT
BIRTH SISTERS OF CHARLOTTESVILLE P.O. BOX 1727 CHARLOTTESVILLE, VA 22902	85-0967804	501(C)(3)	90,000.	0.			GENERAL PURPOSES AND SUPPORT OF INCREASED ACCESS TO QUALITY CARE TO REDUCE MATERNAL AND CHILD
BLUE RIDGE ABORTION ASSISTANCE FUND - P.O. BOX 5082 - CHARLOTTESVILLE, VA 22905	27-1343669	501(C)(3)	25,000.	0.			AREA OF GREATEST NEED, HONORING BETSY TUCKER AND THE AREA OF GREATEST NEED
BLUE RIDGE AREA FOOD BANK P. O. BOX 937 VERONA, VA 24482-0937	52-1202644	501(C)(3)	85,000.	0.			GENERAL PURPOSES, IN HONOR OF JANET EDEN AND BILL HEWITT AND THE BAMA WORKS 2022 GRANT
BLUE RIDGE HEALTH CENTER 4038 THOMAS NELSON HIGHWAY ARRINGTON, VA 22922	54-1222147	501(C)(3)	35,000.	0.			GENERAL OPERATING PURPOSES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE RIDGE SCHOOL INCORPORATED 273 MAYO DRIVE ST. GEORGE, VA 22935	54-0505868	501(C)(3)	6,200.	0.			GENERAL OPERATING FUND
BON SECOURS RICHMOND HEALTH CARE FOUNDATION - 5855 BREMO ROAD, SUITE 100 - RICHMOND, VA 23226	20-1072726	501(C)(3)	20,500.	0.			\$10,000 OSCAR F. SMITH ENDOWED MERIT NURSING SCHOLARSHIP AND \$2,500 OSCAR F. SMITH ENDOWED
BOONES CREEK HISTORICAL TRUST 632 HALES CHAPEL RD JOHNSON CITY, TN 37615	80-0288021	501(C)(3)	6,000.	0.			BOONES CREEK OPRY SPONSOR
BOTANICAL GARDEN OF THE PIEDMONT P.O. BOX 6224 CHARLOTTESVILLE, VA 22906	90-0395190	501(C)(3)	76,000.	0.			\$4000 CAPITAL CAMPAIGN CHARITABLE DONATION 2021; \$1000 ANNUAL CHARITABLE DONATION 2021 - CAPITAL
BOYS & GIRLS CLUB OF HENDERSON PO BOX 1460 HENDERSONVILLE, NC 28793	56-1803125	501(C)(3)	30,000.	0.			GENERAL PURPOSES
BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA - P.O. BOX 707 - CHARLOTTESVILLE, VA 22902	54-1602004	501(C)(3)	442,167.	0.			30TH BIRTHDAY, BOYS AND GIRLS CLUB'S BUILDING GREAT FUTURES CAPITAL CAMPAIGN FOR NEW
BRIDGE OUTREACH CHURCH P.O. BOX 2402 CHARLOTTESVILLE, VA 22902	51-0671396	501(C)(3)	10,000.	0.			BAMA WORKS 2022 GRANT
BRIDGEHAMPTON CHILD CARE & RECREATIONAL CENTER - 551 BRIDGEHAMPTON/SAG HARBOR TPK - BRIDGEHAMPTON, NY 11932	11-6036310	501(C)(3)	50,000.	0.			GENERAL PURPOSES AND PROGRAM SUPPORT
BRODY JEWISH CENTER, HILLEL AT UVA 1824 UNIVERSITY CIRCLE CHARLOTTESVILLE, VA 22903	54-6061871	501(C)(3)	35,000.	0.			ANNUAL GIFT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUCKINGHAM COUNTY ELEMENTARY SCHOOL - 40 FRANK HARRIS RD - DILLWYN, VA 23936		501(C)(3)	7,545.	0.			BOOK VENDING MACHINE
BUCKINGHAM PRIMARY SCHOOL 128 FRANK HARRIS ROAD DILLWYN, VA 23936		501(C)(3)	7,545.	0.			BOOK VENDING MACHINE
CAMFED USA FOUNDATION 466 GEARY STREET SUITE 400 SAN FRANCISCO, CA 94102	54-2033897	501(C)(3)	30,000.	0.			GENERAL PURPOSES
CAMP HOLIDAY TRAILS 400 HOLIDAY TRAILS LANE CHARLOTTESVILLE, VA 22903	54-0922028	501(C)(3)	30,400.	0.			BATHROOM RENOVATION PROJECT IN CACF OCTOBER NEWSLETTER, CHT POP-UP CAMPS, BAMA WORKS 2022
CAMP TLC (TOGETHER LIVING A CHALLENGE) - 2500 E PALM CANYON DRIVE, APT 26 - PALM SPRINGS, CA 92264	22-3453810	501(C)(3)	25,000.	0.			GENERAL SUPPORT
CAPITA SOCIAL INC. 100 W WASHINGTON STREET, SUITE 200 GREENVILLE, SC 29601	82-1145065	501(C)(3)	200,000.	0.			\$100K CHILDHOOD CLIMATE FUND AND \$100K GENERAL OPERATING FUNDS
CARNEGIE HALL CORP. 881 7TH AVE NEW YORK, NY 10019	13-1923626	501(C)(3)	20,000.	0.			GENERAL PURPOSES
CAT ACTION TEAM P.O. BOX 7722 CHARLOTTESVILLE, VA 22906	83-1970767	501(C)(3)	10,000.	0.			GENERAL PURPOSES
CENTER FOR HEIRS' PROPERTY PRESERVATION - 8570 RIVERS AVE., SUITE 170 - NORTH CHARLESTON, SC 29406	52-2452879	501(C)(3)	20,000.	0.			GENERAL PURPOSES

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR NONPROFIT EXCELLENCE 1701-A ALLIED ST. CHARLOTTESVILLE, VA 22903	20-3412827	501(C)(3)	30,000.	0.			BOARD DEVELOPMENT ACADEMY, GENERAL PURPOSES AND SUPPORT FOR PHILANTHROPY CHAMPIONS
CENTRA HEALTH FOUNDATION 1920 ATHERHOLT RD LYNCHBURG, VA 24501	54-1604094	501(C)(3)	10,000.	0.			GREATEST NEED (UNRESTRICTED) FUND
CENTRAL PARK CONSERVANCY 14 EAST 60TH STREET NEW YORK, NY 10022	13-3022855	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CENTRAL VIRGINIA FARM WORKERS INITIATIVE - 2754 LAUREL ROAD - SHIPMAN, VA 22971	85-1931230	501(C)(3)	33,000.	0.			GENERAL PURPOSES AND THE BAMA WORKS 2022 GRANT
CENTRAL VIRGINIA HEALTH SERVICES INC. - PO BOX 220 - NEW CANTON, VA 23123	54-0887287	501(C)(3)	25,000.	0.			THE WELLAWARE PROGRAM; FALL 2022
CHABAD OF CHARLOTTESVILLE 2014 LEWIS MOUNTAIN ROAD CHARLOTTESVILLE, VA 22903	38-3661207	501(C)(3)	20,000.	0.			RELIGIOUS ACTIVITY AT UVA
CHARLOTTESVILLE ALBEMARLE RESTORATIVE JUSTICE PROGRAM - 410 EAST HIGH STREET - CHARLOTTESVILLE, VA 22902		501(C)(3)	10,000.	0.			THE RESTORATIVE JUSTICE PILOT PROGRAM OUTLINED IN YOUR RECENT BAMA WORKS APPLICATION
CHARLOTTESVILLE CATHOLIC SCHOOL 1205 PEN PARK ROAD CHARLOTTESVILLE, VA 22901	54-1809350	501(C)(3)	75,100.	0.			GENERAL PURPOSES, FROM GRANDPARENTS OF SOPHIE SATIRA AND ST. DUNSTAN CHAPEL REPAIR AND
CHARLOTTESVILLE COMMUNITY BIKES 917 #D PRESTON AVE CHARLOTTESVILLE, VA 22903	84-5088273	501(C)(3)	13,500.	0.			SUPPORT OF THE BIKE REFERRAL PROGRAM FOR ADULTS IN NEED AND THE BAMA WORKS 2022 GRANT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLOTTEVILLE DAY SCHOOL 320 10TH ST., NE CHARLOTTEVILLE, VA 22902-5317	26-0496863	501(C)(3)	40,140.	0.			GENERAL PURPOSES
CHARLOTTEVILLE DEPARTMENT OF HUMAN SERVICES - 907 EAST JEFFERSON STREET - CHARLOTTEVILLE, VA 22902	54-6001202	GOV	40,000.	0.			SUPPORTING THE SPRING 2022 CLIMATE ARTIST RESIDENCY (CAYIP)
CHARLOTTEVILLE FREE CLINIC 901 PRESTON AVE., SUITE 301 CHARLOTTEVILLE, VA 22903	54-1610405	501(C)(3)	213,903.	0.			AREA OF GREATEST NEED TO BENEFIT THE COMMUNITY, IN MEMORY OF BILL HEWITT AND ANNUAL SUPPORT
CHARLOTTEVILLE OPERA P. O. BOX 2498 CHARLOTTEVILLE, VA 22902	03-0500788	501(C)(3)	16,000.	0.			GENERAL PURPOSES
CHARLOTTEVILLE PUBLIC HOUSING ASSOCIATION OF RESIDENTS - 1000 PRESTON AVE, SUITE B - CHARLOTTEVILLE, VA 22903	54-1923243	501(C)(3)	69,488.	0.			PHAR RESIDENT ASSISTANT ORGANIZERS TO BUILD AND DEEPEN PHAR'S RELATIONSHIP WITH CITY OF
CHARLOTTEVILLE REDEVELOPMENT AND HOUSING AUTHORITY - C/O CITY OF CHARLOTTEVILLE - CHARLOTTEVILLE, VA 22902	54-0653098	501(C)(3)	26,200.	0.			STRENGTHENING SYSTEMS 2022 DISBURSEMENT INCLUDING THE RESIDENT SERVICES ASSISTANT
CHARLOTTEVILLE SYMPHONY SOCIETY P. O. BOX 4206 CHARLOTTEVILLE, VA 22905	54-1800245	501(C)(3)	20,000.	0.			GENERAL PURPOSES
CHARLOTTEVILLE T'AI CHI CENTER 3590 STOCKTON ROAD CHARLOTTEVILLE, VA 22903	20-1001285	501(C)(3)	12,900.	0.			OUTREACH AND SCHOLARSHIP PROGRAMS
CHARLOTTEVILLE TOMORROW P.O BOX 1591 CHARLOTTEVILLE, VA 22902	20-3013557	501(C)(3)	66,000.	0.			COMPREHENSIVE NEWS REPORTING OF RURAL ISSUES AND ANNUAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLOTTESVILLE-ALBEMARLE SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - P. O. BOX 7047 - CHARLOTTESVILLE, VA 22906	54-0595009	501(C)(3)	22,500.	0.			CRITTER BALL SPONSORSHIP AND GENERAL PURPOSES
CHARLOTTESVILLE-WINNEBA FOUNDATION 111 CHISHOLM PLACE CHARLOTTESVILLE, VA 22902	38-3873267	501(C)(3)	40,000.	0.			FINANCIAL SUPPORT WITH FLIGHTS FOR THE CHARLOTTESVILLE-WINNEBA EXCHANGE; RECEIPTS OF
CHESAPEAKE BAY FOUNDATION 6 HERNDON AVENUE ANNAPOLIS, MD 21403	52-6065757	501(C)(3)	425,000.	0.			PREVENTING ANY NEW FRACKED GAS COMPRESSOR STATIONS, THE BAMA WORKS 2022 GRANT, AND GENERAL
CHILD HEALTH PARTNERSHIP 1469 GREENBRIER PLACE CHARLOTTESVILLE, VA 22901	26-2499048	501(C)(3)	62,500.	0.			INTERPRETERS SALARIES AND OTHER IMMEDIATE NEEDS, SUPPORT OF WORK OUTLINED IN GRANT APPLICATION AND
CHRIST EPISCOPAL CHURCH 100 W. JEFFERSON ST. CHARLOTTESVILLE, VA 22902		CHURCH	43,000.	0.			GENERAL PURPOSES
CITY OF PROMISE 708 PAGE ST. CHARLOTTESVILLE, VA 22903	83-1439722	501(C)(3)	119,750.	0.			OPERATING SUPPORT; HONORING MISSY AND BILL SHENKI & BEVIN AND VITO CETTA, THE EXPANSION OF
CLARK ELEMENTARY SCHOOL 1000 BELMONT AVE CHARLOTTESVILLE, VA 22902		501(C)(3)	7,525.	0.			COVERING THE COST OF THANKSGIVING MEALS FOR FAMILIES IN NEED
COLLEGE FOUNDATION OF THE UNIVERSITY OF VIRGINIA - 2410 OLD IVY ROAD, SUITE 100 - CHARLOTTESVILLE, VA 22904	54-2009312	501(C)(3)	10,000.	0.			GENERAL PURPOSES
COLUMBIA UNIVERSITY 622 WEST 113TH STREET NEW YORK, NY 10025	13-5598093	501(C)(3)	25,000.	0.			PROGRAM SUPPORT - ENGINEERING SCHOOL

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CLIMATE COLLABORATIVE 415 8TH ST. NE CHARLOTTESVILLE, VA 22902	83-2065573	501(C)(3)	35,000.	0.			GENERAL PURPOSES
COMMUNITY FOUNDATION OF GREATER MEMPHIS - P.O. BOX 1000 - MEMPHIS, TN 38148-0078	58-1723645	501(C)(3)	10,000.	0.			MEMPHIS COMMUNITY AREA PROGRAMS
COMPUTERS4KIDS 945 SECOND STREET, SE CHARLOTTESVILLE, VA 22902	54-1996936	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
CONGREGATE CHARLOTTESVILLE P.O. BOX 2293 CHARLOTTESVILLE, VA 22902	82-3599019	501(C)(3)	10,000.	0.			BAMA WORKS 2022 GRANT
CONGREGATION BETH ISRAEL P. O. BOX 320 CHARLOTTESVILLE, VA 22902	51-0210891	501(C)(3)	80,895.	0.			ANNUAL GIVING - LEADER GIFT, SECURITY AND DUES, BUILDING FUND AND GENERAL PURPOSES AND SUPPORT OF A
CONNECTIONS MENTOR INC. PO BOX 361 NEW YORK, NY 10033	84-3747403	501(C)(3)	250,000.	0.			GENERAL PURPOSES
CRECIENDO JUNTOS 1740 BROADWAY ST., BOX 11 CHARLOTTESVILLE, VA 22902	47-2806836	501(C)(3)	15,000.	0.			SUPPORT OF SI SE PUEDE AND TEEN PROGRAMMING
CROZET COMMUNITY ORCHESTRA, INC. P.O. BOX 762 CROZET, VA 22932	46-3886986	501(C)(3)	7,500.	0.			BAMA WORKS 2022 GRANT
CULTIVATE CHARLOTTESVILLE PO BOX 5282 CHARLOTTESVILLE, VA 22905	27-5103914	501(C)(3)	222,000.	0.			CITY SCHOOLYARD GARDES - SUPPORT OF SCHOOL GARDENS AND YOUTH LEADERSHIP TRAINING FOR 2500 YOUTH

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DOCTORS WITHOUT BORDERS 40 RECTOR ST., 16TH FLOOR NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	14,998.	0.			GENERAL PURPOSES
DOGS DESERVE BETTER, INC. - BLUE RIDGE CHAPTER - P.O. BOX 7961 - CHARLOTTESVILLE, VA 22906	03-0480223	501(C)(3)	10,000.	0.			THE WORK DESCRIBED IN YOUR RECENT BAMA WORKS APPLICATION
DOLLYWOOD FOUNDATION 111 E MAIN STREET, 2ND FLOOR SEVIERVILLE, TN 37862	62-1348105	501(C)(3)	9,000.	0.			IMAGINATION LIBRARY PROGRAM - ROTARY CLUB OF CHARLOTTESVILLE 22903
DUKE UNIVERSITY ALUMNI AND DEVELOPMENT RECORDS BOX DURHAM, NC 27708-0581	56-0532129	501(C)(3)	80,000.	0.			ALLEN H GWYN SCHOLARSHIP; ADD TO GIVING RECORD OF LUCY B ROHWEDER AND ALS REVERSALS FUND COD -
EARLY MUSIC ACCESS PROJECT P. O. BOX 2332 CHARLOTTESVILLE, VA 22902	84-2988196	501(C)(3)	7,500.	0.			BAMA WORKS 2022 GRANT
ELK HILL FARM P.O. BOX 99 GOOCHLAND, VA 23063	23-7071154	501(C)(3)	10,000.	0.			SUPPORT TO EXPAND THE THERAPEUTIC WILDERNESS EXPLORATION "ECO-ADVENTURE" PROGRAM
ELLIS ACRES MEMORIAL PARK INC. P. O. BOX 111 DILLWYN, VA 23936	01-0891952	501(C)(3)	29,000.	0.			RESPONSE TO THE GIVING OPPORTUNITIES FUNDING REQUEST, SUPPORT OF NEW DRIVEWAY AND ADA PARKING
EMERGENCY FOOD NETWORK P. O. BOX 4373 CHARLOTTESVILLE, VA 22905	51-0137371	501(C)(3)	20,000.	0.			GENERAL PURPOSES
EMMANUEL CHURCH ATTN: SANDY VON THELEN, GENERAL FUND, P.O. BOX 38 - GREENWOOD, VA 22943		CHURCH	6,000.	0.			GENERAL FUND GREATEST NEED

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EMMANUEL EPISCOPAL CHURCH PO BOX 38 GREENWOOD, VA 22943		CHURCH	19,000.	0.			SUPPORT OF GENERAL CHURCH OPERATING NEEDS
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	63-1135091	501(C)(3)	75,000.	0.			SUPPORT OF IMPLEMENTATION OF EJI'S ANNUAL PLAN
EVANGELICAL LUTHERAN CHURCH IN AMERICA - P.O. BOX 1809 - MERRIFIELD, VA 22116	41-1568278	501(C)(3)	45,000.	0.			MATCHING GRANT FOR WORLD HUNGER APPEAL (\$40,000) AND WORLD DISASTER FUND (\$5,000)
EVERYTOWN FOR GUN SAFETY SUPPORT FUND - P. O. BOX 3886 - NEW YORK, NY 10163	26-1598353	501(C)(3)	100,000.	0.			SUPPORT OF MOMS DEMAND ACTION FOR OUR CHILDREN
FAMILIES HELPING FAMILIES PO BOX 881 CROZET, VA 22932	87-3759251		20,000.	0.			GENERAL PURPOSES, RESPONSE TO THE GIVING OPPORTUNITIES FUNDING REQUEST AND THE BAMA
FARMINGDALE WRESTLING ALUMNI INC. PO BOX 753 FARMINGDALE, NY 11735	11-3636098	501(C)(3)	27,500.	0.			GENERAL PURPOSES; IN MEMORY OF BILL HEWITT, FROM HEWITT FAMILY FUND
FEEDING GREENE, INC. PO BOX 13 STANARDSVILLE, VA 22973	27-4637486	501(C)(3)	34,375.	0.			BAMA WORKS 2022 GRANT
FLUVANNA COUNTY HABITAT FOR HUMANITY - 105 CROFTON PLAZA, SUITE 9 - PALMYRA, VA 22963-4821	54-1640558	501(C)(3)	7,500.	0.			BAMA WORKS 2022 GRANT
FLUVANNA COUNTY PUBLIC SCHOOLS 14455 JAMES MADISON HIGHWAY PALMYRA, VA 22963-4136	54-6025086	501(C)(3)	10,000.	0.			BAMA WORKS 2022 GRANT

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FLUVANNA MEALS ON WHEELS 105 CROFTON PLAZA, SUITE 8 PALMYRA, VA 22963	26-0185272	501(C)(3)	58,000.	0.			BAMA WORKS 2022 GRANT
FLUVANNA/LOUISA HOUSING FOUNDATION P.O. BOX 160 LOUISA, VA 23093	54-1518967	501(C)(3)	22,500.	0.			RESPONSE TO THE GIVING OPPORTUNITIES FUNDING REQUEST AND THE WORK OUTLINED IN YOUR
FOCUSED ULTRASOUND FOUNDATION 1230 CEDARS COURT, SUITE F CHARLOTTESVILLE, VA 22903	20-5744808	501(C)(3)	390,000.	0.			GENERAL RESEARCH; IN MEMORY OF HELEN SMITH JOHNSON & ANGIE NEWMAN JOHNSON
FOOTHILLS CHILD ADVOCACY CENTER 1106 EAST HIGH ST., SUITE 100 CHARLOTTESVILLE, VA 22902	20-5182316	501(C)(3)	20,000.	0.			SUPPORT OF A THERAPIST POSITION TO INCREASE MENTAL HEALTH SUPPORT
FOUR COUNTY PLAYERS 5256 GOVERNOR BARBOUR ST. BARBOURSVILLE, VA 22923	23-7251751	501(C)(3)	8,000.	0.			BAMA WORKS 2022 GRANT
FRANKLIN EDUCATION FORUM 800 MAINE AVENUE WASHINGTON, DC 20024	46-3009324	501(C)(3)	185,000.	0.			AMERICAN RESCUE PROJECT - BIRD OF LIGHT UKRAINE,
FRIENDS OF ACADIA P.O. BOX 45 BAR HARBOR, ME 04609	01-0425071	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF BRILAND AID INC C/O MARK DOWLEY 6 CLIFFDALE RD. GREENWICH, CT 06831	85-0983203	501(C)(3)	50,000.	0.			GENERAL PURPOSES
FRIENDS OF DOWNTOWN P. O. BOX 253 CHARLOTTESVILLE, VA 22902	87-3321523	501(C)(3)	70,000.	0.			FUNDS TO PAY FINAL BILLS RELATING TO ARTISTIC INSTALLATION AT DEWBERRY BUILDING

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FRIENDS OF MOMENTUM BIKE CLUBS 225 SOUTH PLEASANTBURG DRIVE GREENVILLE, SC 29607	47-1777235	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
FRONT PORCH CVILLE 221 WATER ST. E CHARLOTTESVILLE, VA 22902	47-4040467	501(C)(3)	40,800.	0.			SUPPORT OF ROOTS AND WINGS IN RESPONSE TO GIVING OPPORTUNITIES AND GENERAL PURPOSES
GARTH ROAD PRESERVATION 4626 SLAM GATE RD CROZET, VA 22932	81-5011713	501(C)(3)	10,000.	0.			ANNUAL SUPPORT
GASP 2320 HIGHLAND AVENUE S STE 270 BIRMINGHAM, AL 35205	27-0354485	501(C)(3)	10,000.	0.			GENERAL PURPOSES
GATEWAY HOMES, INC. 4905 DICKENS RD RICHMOND, VA 23230	54-1264177	501(C)(3)	7,500.	0.			BAMA WORKS 2022 GRANT
GEORGIA CONSERVATION VOTERS EDUCATION FUND - 725 PONCE DE LEON AVE, FLOOR 2 - ATLANTIA, GA 30306	58-2559965		10,000.	0.			GENERAL PURPOSES
GEORGIA INTERFAITH POWER AND LIGHT 701 S. COLUMBIA DR. DECATUR, GA 30030	26-3446212	501(C)(3)	10,000.	0.			GENERAL PURPOSES
GEORGIA'S FRIENDS 405 RIDGE STREET CHARLOTTESVILLE, VA 22902	26-3473764	501(C)(3)	40,000.	0.			BAMA WORKS 2022 GRANT
GERMANNA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - P.O. BOX 1430 - LOCUST GROVE, VA 22508	54-1379348	501(C)(3)	20,000.	0.			SCHOOL OF NURSING

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GIP USA INC. 2635 WIND RIVER RD CHARLOTTESVILLE, VA 22901	31-1527340	501(C)(3)	25,500.	0.			GENERAL PURPOSES
GIRL SCOUTS OF VIRGINIA SKYLINE COUNCIL - 3663 PETERS CREEK RD NW - ROANOKE, VA 24019-2809	54-0737207	501(C)(3)	10,000.	0.			SUPPORT OF NEPALESE REFUGEE TROOP 1495 AND SUPPORT OF WORK OUTLINED IN GRANT APPLICATION
GOOCHLANDCARES INC 2999 RIVER ROAD WEST GOOCHLAND, VA 23063	54-1967650	501(C)(3)	25,000.	0.			GENERAL PURPOSES; IN FOND MEMORY OF MARILYN PALMORE
GREATER NY FOUNDATION INC. 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004	47-4856357	501(C)(3)	25,000.	0.			GENERAL PURPOSES
GREEN DOGS UNLEASHED INC 1171 N BOSTON RD TROY, VA 22974-4308	46-2298824	501(C)(3)	10,135.	0.			FUND VETTING AND TRAINING FOR PTSD DOG BENTLEY AND GENERAL PURPOSES
GREENE COUNTY DEPT. OF PARKS & RECREATION - P. O. BOX 358 - STANARDSVILLE, VA 22973	54-6004813	501(C)(3)	6,000.	0.			BAMA WORKS 2022 GRANT
HABITAT FOR HUMANITY OF GREATER CHARLOTTESVILLE - 967 2ND ST. SE - CHARLOTTESVILLE, VA 22902	91-1914868	501(C)(3)	224,391.	0.			GENERAL PURPOSES, THE PURCHASE OF 2 PROPERTY LOTS IN THE CITY OF CHARLOTTESVILLE, VA AND
HEAD COUNT 104 W. 29TH STREET NEW YORK, NY 10001	77-0626772	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT AND TO SUPPORT EFFORTS ON SUMMER 2022 VOTER REGISTRATION EFFORTS
HER SPORTS 388 SHEPHERD LANE TROY, VA 22974	84-4968680	501(C)(3)	7,500.	0.			SUPPORTING SCHOLARSHIPS TO HUSTLE ACADEMY IN RELATIONSHIP WITH THE COMMUNITY MATTERS:

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HOLIDAY LAKE 4-H EDUCATIONAL CENTER - 1267 4H CAMP RD. - APPOMATTOX, VA 24522	54-6003131	501(C)(3)	10,000.	0.			SUPPORT OF CAMP SCHOLARSHIPS
HOPE'S LEGACY EQUINE RESCUE CENTER 5145 TAYLOR CREEK ROAD AFTON, VA 22920	80-0273321	501(C)(3)	343,850.	0.			GIVING OPPORTUNITIES RESPONSE
HOSPICE OF THE PIEDMONT 675 PETER JEFFERSON PARKWAY, SUITE CHARLOTTESVILLE, VA 22911	52-1205921	501(C)(3)	69,119.	0.			ANNUAL PAYOUT, SUPORT OF WORK OUTLINED IN GRANT APPLICATION AND WE HONOR VETERANS PROGRAM AND
IMPACT (INTERFAITH MOVEMENT FOR PROMOTING ACTION BY CONGREGATIONS TOGETHER) - 1700 UNIVERSITY AVENUE - CHARLOTTESVILLE, VA 22903	20-4579031	501(C)(3)	10,000.	0.			GENERAL PURPOSES
INTERNATIONAL NEIGHBORS 224-A 9TH ST. SW CHARLOTTESVILLE, VA 22903	47-4084246	501(C)(3)	36,750.	0.			2022 SUMMER LUNCH PROGRAM AND AREA OF GREATEST CURRENT LOCAL NEED
INTERNATIONAL RESCUE COMMITTEE 375 GREENBRIER DRIVE, SUITE 200 CHARLOTTESVILLE, VA 22901	13-5660870	501(C)(3)	56,000.	0.			\$5,000 FOR THE NEW ROOTS PROGRAM AND \$5,000 GENERAL SUPPORT, SUPPORT OF NEW ROOTS PROGRAM,
IVY CREEK FOUNDATION P. O. BOX 956 CHARLOTTESVILLE, VA 22902	54-1112932	501(C)(3)	20,000.	0.			GENERAL PURPOSES FALL 2022
JAMES RIVER ASSOCIATION 211 ROCKETTS WAY #200 RICHMOND, VA 23231	51-0211913	501(C)(3)	20,000.	0.			SUPPORT OF RIVER RATS AND OTHER PROGRAMS AND THE BAMA WORKS 2022 GRANT
JEFFERSON AREA BOARD FOR AGING INC. - 674 HILLSDALE DRIVE, SUITE 9 - CHARLOTTESVILLE, VA 22901	54-0990078	501(C)(3)	23,000.	0.			SUPPORT OF WORK OUTLINED IN GRANT APPLICATION

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JEFFERSON SCHOOL AFRICAN-AMERICAN HERITAGE CENTER - 233 4TH ST. NW - CHARLOTTESVILLE, VA 22903	47-5411481	501(C)(3)	67,768.	0.			EZE AMOS - THE STORY OF US PROJECT, GENERAL PURPOSES AND THE TRAILBLAZER PROGRAM
KINDNESS CAFE + PLAY 151 MCINTIRE PARK DRIVE CHARLOTTESVILLE, VA 22902	83-3729731	501(C)(3)	10,000.	0.			GENERAL PURPOSES
KING BAUDOIN FOUNDATION UNITED STATES - 10 ROCKEFELLER PLAZA, 16TH FLOOR - NEW YORK, NY 10020	58-2277856	501(C)(3)	25,000.	0.			DAILY MAVERICK IN SOUTH AFRICA FOR EDUCATION NEW COVERAGE
KIRCHNER IMPACT FOUNDATION 2500 WOODCREST PL. BIRMINGHAM, AL 35209	47-2825936	501(C)(3)	260,000.	0.			PROGRAM SUPPORT
LEGAL AID JUSTICE CENTER 1000 PRESTON AVENUE, SUITE A CHARLOTTESVILLE, VA 22903	54-0884513	501(C)(3)	114,518.	0.			AREA OF GREATEST COMMUNITY NEED, STRATEGIC PLAN IMPLEMENTATION
LEWIS AND CLARK EXPLORATORY CENTER OF VIRGINIA - P. O. BOX 281 - CHARLOTTESVILLE, VA 22902	54-2014680	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
LIGHT HOUSE STUDIO 220 WEST MARKET STREET CHARLOTTESVILLE, VA 22902	54-2033510	501(C)(3)	47,500.	0.			ANNUAL CAMPAIGN, SCHOLARSHIPS, PYMWYMI PSA PROJECT, ENDOWMENT FUND, SUPPORT OF CLIMATE FILM
LIVE ARTS P. O. BOX 1231 CHARLOTTESVILLE, VA 22902	54-1527799	501(C)(3)	32,500.	0.			FIRST OF 3 ANNUAL GIFTS OF \$15K DESIGNATED TO THE STIPEND FOR THE DIRECTOR OF THE WATER WORKS
LIVING EARTH SCHOOL 101 ROCKY BOTTOM LN AFTON, VA 22920	38-4169577	501(C)(3)	10,925.	0.			CAMP SCHOLARSHIPS AND SUMMER EXPLORERS DAY CAMP SCHOLARSHIP PROGRAM

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LOAVES & FISHES FOOD PANTRY INC. 2050 LAMBS RD. CHARLOTTESVILLE, VA 22901	45-1498743	501(C)(3)	101,875.	0.			GENERAL OPERATING SUPPORT
LOCAL FOOD HUB P. O. BOX 4647 CHARLOTTESVILLE, VA 22905-4647	26-4137130	501(C)(3)	41,375.	0.			ANNUAL FUND; FROM JOHN BLACKBURN AND SHANNON WORRELL AND GENERAL PURPOSES
LOCUST GROVE MIDDLE SCHOOL 6368 FLAT RUN RD LOCUST GROVE, VA 22508		501(C)(3)	10,000.	0.			GENERAL PURPOSES
LONGWOOD UNIVERSITY FOUNDATION, INC. - 130 LANCASTER - FARMVILLE, VA 23909	54-6047289	501(C)(3)	55,000.	0.			ELIZABETH REBECCA ROBERTSON JOHNSON NURSING MERIT ENDOWMENT \$10,000 AND ELIZABETH REBECCA
LOUISA COMMUNITY EMERGENCY FUND PO BOX 295 LOUISA, VA 23093	47-4102293	501(C)(3)	5,040.	0.			GENERAL PURPOSES FALL 2022
LOUISA COUNTY DEPARTMENT OF HUMAN SERVICES - P. O. BOX 425 - LOUISA, VA 23093	54-6001397	501(C)(3)	20,000.	0.			THE WORK OUTLINED IN THE LOUISA REENTRY COUNCIL'S APPLICATION
LOUISA COUNTY HISTORICAL SOCIETY P.O. BOX 1172 LOUISA, VA 23093	23-7058587	501(C)(3)	6,000.	0.			THE WORK OUTLINED IN YOUR APPLICATION
LOUISA COUNTY RESOURCE COUNCIL PO BOX 52 LOUISA, VA 23093	54-1648752	501(C)(3)	37,000.	0.			GENERAL PURPOSES AND THE WORK OUTLINED IN YOUR APPLICATION
LOUISA DOWNTOWN DEVELOPMENT CORPORATION - PO BOX 2119 - LOUISA, VA 23093	54-2148881	501(C)(3)	8,000.	0.			THE WORK OUTLINED IN YOUR APPLICATION

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LOVE INC (IN THE NAME OF CHRIST) 198 SPOTNAP ROAD, SUITE C-1 CHARLOTTESVILLE, VA 22911	54-1529492	501(C)(3)	15,000.	0.			GENERAL PURPOSES
LOVE NO EGO FOUNDATION, INC P.O. BOX 7134 CHARLOTTESVILLE, VA 22906	83-0809136	501(C)(3)	5,200.	0.			LINE COMMUNITY GARDEN
LUPUS RESEARCH ALLIANCE 270 MADISON AVENUE, SUITE 300 NEW YORK, NY 10016	58-2492929	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MAYO CLINIC FLORIDA DEPARTMENT OF DEVELOPMENT, 200 FIRST STREET SW - ROCHESTER, MN 55905	41-6011702	501(C)(3)	7,500.	0.			GENERAL SUPPORT OF THE JACKSONVILLE, FL LOCATION, FROM HEWITT FAMILY FUND
MCLEAN HOSPITAL CORPORATION 115 MILL ST. BELMONT, MA 02478	04-2697981	501(C)(3)	180,970.	0.			YEAR 2 OF NEW MENTAL HEALTH INITIATIVE EXECUTIVE DIRECTOR'S SALARY
MEALS ON WHEELS OF CHARLOTTESVILLE-ALBEMARLE - 704 ROSE HILL DRIVE - CHARLOTTESVILLE, VA 22903	54-1061454	501(C)(3)	50,375.	0.			GENERAL SUPPORT
MEDIATION CENTER OF CHARLOTTESVILLE - P.O. BOX 133 - CHARLOTTESVILLE, VA 22902	20-0199872	501(C)(3)	8,000.	0.			BAMA WORKS 2022 GRANT
MEDICAL COLLEGE OF VIRGINIA FOUNDATION - PO BOX 980567 - RICHMOND, VA 23298-0234	54-6053660	501(C)(3)	30,000.	0.			\$10,000 NURSING LOIS PARKER HENLEY ENDOWED MERIT SCHOLARSHIP, \$2,500 NURSING LOIS PARKER
MILLENNIUM GROUP P. O. BOX 23 LOVINGSTON, VA 22949	20-0179105	501(C)(3)	7,500.	0.			GENERAL PURPOSES

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MILLER SCHOOL OF ALBEMARLE 1000 SAMUEL MILLER LOOP CHARLOTTESVILLE, VA 22903	54-0515717	501(C)(3)	71,502.	0.			2 STUDENTS, 5 DAY BOARDERS; 1 FROM ALBEMARLE, 1 FROM ORANGE, BOTH 11TH GRADERS. THIS
MISSOURI RIVER EDUCATIONAL COOPERATIVE FOUNDATION - 128 SOO LINE DR. SUITE 102 - BISMARCK, ND 58501	47-1648178	501(C)(3)	5,915.	0.			GENERAL PURPOSES
MONTANOVA STABLES FOUNDATION 5170 STONY POINT PASS KESWICK, VA 22947	27-2909218	501(C)(3)	6,500.	0.			BAMA WORKS 2022 GRANT
MONTESSORI EDUCATION TRUST INC. 631 CUTLER LANE CHARLOTTESVILLE, VA 22901	31-1712963	501(C)(3)	35,000.	0.			GIVING OPPORTUNITIES RESPONSE
MONTICELLO AREA COMMUNITY ACTION AGENCY - 1025 PARK STREET - CHARLOTTESVILLE, VA 22901	54-0799964	501(C)(3)	58,000.	0.			GENERAL SUPPORT
MONTICELLO LITTLE LEAGUE 14873 SOUTH CONSTITUTION ROUTE SCOTTSVILLE, VA 24590	54-1287683	501(C)(3)	10,000.	0.			GENERAL PURPOSES
MONTPELIER FOUNDATION PO BOX 911 ORANGE, VA 22960	31-1620682	501(C)(3)	15,000.	0.			ANNUAL SUPPORT, SUPPORT TO CREATE A NATIVE MEADOW-PIEDMONT PRAIRE TO EDUCATION ABOUT
MUSICIANS UNITED TO SERVE THE YOUTH OF CHARLOTTESVILLE - 105 RIDGE STREET - CHARLOTTESVILLE, VA 22902	54-1678386	501(C)(3)	15,000.	0.			UPDATING DIGITAL MUSIC PROJECT STUDIOS
MY THREE CHAMBERED HEART 2240 HANBACK RD GORDONSVILLE, VA 22942	85-2336302	501(C)(3)	7,500.	0.			THE WORK OUTLINED IN YOUR APPLICATION

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NATIONAL MULTIPLE SCLEROSIS SOCIETY, VIRGINIA - WEST VIRGINIA CHAPTER - 4200 INNSLAKE DRIVE - GLEN ALLEN, VA 23060	54-0834654	501(C)(3)	7,500.	0.			GENERAL PURPOSES; IN MEMORY OF BILL HEWITT
NCH HEALTHCARE SYSTEMS INC. 350 7TH ST. N NAPLES, FL 34102	59-2314655	501(C)(3)	7,500.	0.			GENERAL PURPOSES
NELSON COMMUNITY WELLNESS ALLIANCE, INC - P.O. BOX 751 - LOVINGSTON, VA 22938	85-1231946	501(C)(3)	10,000.	0.			BAMA WORKS 2022 GRANT
NELSON COUNTY COMMUNITY DEVELOPMENT FOUNDATION - PO BOX 57 - LOVINGSTON, VA 22949	54-1509522	501(C)(3)	325,000.	0.			PROGRAM SUPPORT
NELSON COUNTY EDUCATION FOUNDATION 2305 DUTCH CREEK LANE SHIPMAN, VA 22971	54-1371868	501(C)(3)	116,500.	0.			ANNUAL MINI-GRANT PROGRAM FOR NELSON COUNTY PUBLIC SCHOOL TEACHERS AND PROGRAM SUPPORT
NEW CITY ARTS INITIATIVE P. O. BOX 1293 CHARLOTTESVILLE, VA 22902	27-1865371	501(C)(3)	12,500.	0.			RESPONSE TO SUBMITTED PROPOSAL AND SUPPORT OF THE SPRING 2022 CLIMATE ARTIST RESIDENCY
NEW HILL DEVELOPMENT CORPORATION 401 E. MARKET ST, SUITE 14 CHARLOTTESVILLE, VA 22902	83-1107639	501(C)(3)	21,000.	0.			FEASIBILITY STUDY FOR THE DEVELOPMENT OF A SHARED COMMERCIAL KITCHEN AS PART OF THE BEACON (BLACK
NORTH BRANCH SCHOOL 221 MICKENS RD AFTON, VA 22920	52-1353816	501(C)(3)	10,000.	0.			\$5,000 GENERAL OPERATIONS & \$5,000 TEACHER BONUS
NORTH CAROLINA CENTRAL UNIVERSITY FOUNDATION - 1801 FAYETTEVILLE ST. - DURHAM, NC 27707	23-7410301	501(C)(3)	20,000.	0.			GENERAL PURPOSES

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OLA OF EASTERN LONG ISLAND INC. P.O. BOX 278 SAGAPONACK, NY 11962	43-1997489	501(C)(3)	390,000.	0.			PROGRAM SUPPORT
OLD CROZET SCHOOL ARTS P O BOX 393 CROZET, VA 22932	27-0576714	501(C)(3)	7,500.	0.			BAMA WORKS 2022 GRANT
ON OUR OWN CHARLOTTESVILLE PO BOX 1066 CHARLOTTESVILLE, VA 22902	54-1583431	501(C)(3)	74,989.	0.			SUPPORT OF ADDITIONAL STAFF AND THE PERSONAL ADVOCACY PROGRAM
OPEN HANDS, INC. 115 RIVERBLUFF CIRCLE CHARLOTTESVILLE, VA 22902	54-1105215	501(C)(3)	8,000.	0.			BONNIE BURNS
ORANGE COUNTY FREE CLINIC 101 C WOODMARK STREET ORANGE, VA 22960	25-1922019	501(C)(3)	25,000.	0.			A MATCHED GIFT FOR SUPPORT OF CLINIC OPERATIONS AND GENERAL PURPOSES
ORANGE COUNTY HUMANE SOCIETY INC. P.O. BOX 852 LOCUST GROVE, VA 22508	54-1824817	501(C)(3)	27,969.	0.			AN ANNUAL PAYOUT
ORANGE COUNTY PUBLIC SCHOOLS 200 DAILEY DRIVE ORANGE, VA 22960		GOV	6,000.	0.			CERTIFIED NURSING ASSISTANT PROGRAM
PARAMOUNT THEATER OF CHARLOTTESVILLE - 215 E. MAIN STREET - CHARLOTTESVILLE, VA 22902	20-1562018	501(C)(3)	20,000.	0.			ANNUAL SUPPORT AND PROGRAMMING OF BUDDY GUY'S PERFORMANCE ON THE PARAMOUNT'S STAGE ON JUNE
PARTNER FOR MENTAL HEALTH 911 EAST JEFFERSON STREET CHARLOTTESVILLE, VA 22902	54-0789661	501(C)(3)	15,000.	0.			SUPPORT OF WORK OUTLINED IN GRANT APPLICATION

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PATH WITH ART P.O. BOX 9218 SEATTLE, WA 98109	26-0599518	501(C)(3)	100,000.	0.			CAPITAL CAMPAIGN
PATHNORTH 1717 RHODE ISLAND AVE NW WASHINGTON, DC 20036	26-1126743	501(C)(3)	6,000.	0.			UNRESTRICTED GIVING
PEOPLE AND CONGREGATIONS ENGAGED IN MINISTRY (PACEM) - PO BOX 14 - CHARLOTTESVILLE, VA 22902	20-1434855	501(C)(3)	15,000.	0.			GENERAL PURPOSES
PIEDMONT AREA TENNIS ASSOCIATION P.O. BOX 65 IVY, VA 22945	84-3234290	501(C)(3)	10,000.	0.			SUPPORT OF UPCOMING WHEELCHAIR TENNIS TOURNAMENT
PIEDMONT CASA 818 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-1704064	501(C)(3)	40,500.	0.			THE BRIDGES TO SUCCESS PROGRAM
PIEDMONT ENVIRONMENTAL COUNCIL PO BOX 460 WARRENTON, VA 20188	54-0935569	501(C)(3)	15,000.	0.			GENERAL PROGRAMS THAT ADVANCE THE MISSION
PIEDMONT REGIONAL DENTAL CLINIC 13296 JAMES MADISON HIGHWAY ORANGE, VA 22960	27-0625764	501(C)(3)	34,000.	0.			DENTAL CLINIC OPERATIONS AND TO SUBSIDIZE DENTAL CARE DELAYED DUE TO COVID AND RESPONSE TO GIVING
PLANNED PARENTHOOD FEDERATION OF AMERICA - 1110 VERMONT AVE. NW - WASHINGTON, DC 20005	13-1644147	501(C)(3)	15,000.	0.			GENERAL PURPOSES
PLANNED PARENTHOOD HUDSON PECONIC, INC. - 570 TAXTER RD. - ELMSFORD, NY 10523	11-2454790	501(C)(3)	100,000.	0.			GENERAL PURPOSES

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PLANNED PARENTHOOD SOUTH ATLANTIC 100 S. BOYLAN AVE RALEIGH, NC 27603	56-1282557	501(C)(3)	66,000.	0.			REPRODUCTIVE HEALTH CARE, COMMUNITY HEALTH EDUCATION, SEAMOS HONESTO, AND MEETING THE
PRAGER UNIVERSITY FOUNDATION 15021 VENTURA BLVD., #552 SHERMAN OAKS, CA 91403	27-1763901	501(C)(3)	10,000.	0.			GENERAL OPERATIONS FROM RANDY AND LISA HUFFMAN
PRESIDENTIAL PRECINCT 427 PARK ST. CHARLOTTESVILLE, VA 22902	46-1084540	501(C)(3)	10,000.	0.			BAMA WORKS 2022 GRANT
PRIME COALITION INC. 104 MT. AUBURN ST CAMBRIDGE, MA 02138	46-4621007	501(C)(3)	150,000.	0.			PRIME IMPACT FUND
PROJECT AIRTIME 13 E DUCHESNE CIRCLE DRAPER, UT 84020	46-5212468	501(C)(3)	25,000.	0.			GENERAL PURPOSES
PROSPECT HEIGHTS MIDDLE SCHOOL 202 DAILEY DR. ORANGE, VA 22960		501(C)(3)	10,000.	0.			GENERAL PURPOSES
PROSPECT PARK ALLIANCE INC 95 PROSPECT PARK WEST BROOKLYN, NY 11215	11-2843763	501(C)(3)	1,000,000.	0.			GENERAL PURPOSES
REACH OUT AND READ P. O. BOX 2678 MIDLOTHIAN, VA 23113	04-3481253	501(C)(3)	20,000.	0.			PEDIATRIC ASSOCIATES OF CHARLOTTESVILLE SITE #9450 SUPPORT
READYKIDS 1000 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	54-0546000	501(C)(3)	81,000.	0.			GENERAL PROGRAMS THAT BENEFIT THE COMMUNITY AND READY STEPS EXPANSION GRANT, TEEN COUNSELING

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REAL ART WAYS 56 ARBOR ST HARTFORD, CT 06106	06-0958072	501(C)(3)	30,000.	0.			GENERAL PURPOSES
RECLAIMED HOPE INITIATIVE 1195 REDFIELDS RD CHARLOTTESVILLE, VA 22903	84-2649694	501(C)(3)	13,400.	0.			SUPPORT OF THE PURCHASE OF EQUIPMENT AND SUPPLIES TO GIVE CAMP HOPE CAMPERS FULL ACCESS TO THE ENTIRE
REGION TEN COMMUNITY SERVICES BOARD - 500 OLD LYNCHBURG RD., SUITE 212 - CHARLOTTESVILLE, VA 22902	54-1625290	501(C)(3)	20,035.	0.			ANNUAL PAYOUT FOR BLUE RIDGE HOUSE AND COMMUNITY HEALTH AND WELLNESS COALITION
REPRESENTUS EDUCATION FUND P. O. BOX 60008 FLORENCE, MA 01062	26-3088283	501(C)(3)	10,000.	0.			GENERAL SUPPORT
RESTORATION AND HOPE HOUSE LLC 738 ORANGEDALE AVENUE CHARLOTTESVILLE, VA 22903	84-4591612	501(C)(3)	8,500.	0.			BAMA WORKS 2022 GRANT
RIVANNA CONSERVATION ALLIANCE 1150 RIVER ROAD CHARLOTTESVILLE, VA 22901	52-0194008	501(C)(3)	47,500.	0.			PROGRAMMING RELATED TO THE CORRIDOR, INCLUDING CONVENING THE PARTNERSHIP, SUPPORT OF
RIVES C. MINOR AND ASALIE M. PRESTON EDUCATIONAL FOUNDATION - P.O. BOX 274 - CHARLOTTESVILLE, VA 22902	52-1279007	501(C)(3)	10,000.	0.			SUPPORT OF WORK OUTLINED IN GRANT APPLICATION
ROCKFISH VALLEY COMMUNITY CENTER P. O. BOX 106 NELLYSFORD, VA 22958	54-1995069	501(C)(3)	10,000.	0.			BAMA WORKS 2022 GRANT
ROCKFISH WILDLIFE SANCTUARY PO BOX 3 CHARLOTTESVILLE, VA 22902	51-0498181	501(C)(3)	60,000.	0.			RESPONSE TO GIVING OPPORTUNITIES REQUEST

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RON BROWN SCHOLAR FUND 485 HILLSDALE DRIVE, SUITE 206 CHARLOTTESVILLE, VA 22901	54-1832314	501(C)(3)	20,000.	0.			THE MARY-MAC AND DON LAING SCHOLARSHIP FUND
SALVATION ARMY NATIONAL CORP P. O. BOX 296 CHARLOTTESVILLE, VA 22902	22-2406433	501(C)(3)	30,000.	0.			GENERAL PURPOSES
SARAH MICHELLE PETERSON FOUNDATION 4500 COLLEY AVE. NORFOLK, VA 23508	47-1041065	501(C)(3)	10,000.	0.			SUPPORT OF WORK OUTLINED IN GRANT APPLICATION
SARARA INSTITUTE 1031 33RD ST. DENVER, CO 80205	82-2386824	501(C)(3)	150,000.	0.			GENERAL SUPPORT FOR PROGRAMS
SCHOOL OF BUSINESS FOUNDATION BOX 844000 RICHMOND, VA 23284-4000	20-2661802	501(C)(3)	30,000.	0.			\$25,000 SHIFT RETAIL LAB COMMITMENT, \$2,500 DA VINCI CENTER NEW ECONOMY THINKER STUDENT
SCOTTSVILLE CENTER FOR ARTS AND NATURE - PO BOX 725 - SCOTTSVILLE, VA 24590	11-3725071	501(C)(3)	8,500.	0.			BAMA WORKS 2022 GRANT
SEATTLE JAZZED 3201 E. REPUBLICAN ST. SEATTLE, WA 98112	27-1440873	501(C)(3)	170,000.	0.			CAPITAL CAMPAIGN FOR NEW BUILDING
SEATTLE MUSICIANS ACCESS TO SUSTAINABLE HEALTHCARE - PO BOX 60204 - SEATTLE, WA 98160	81-1717061	501(C)(3)	60,000.	0.			GENERAL PURPOSES
SENTARA MARTHA JEFFERSON HOSPITAL FOUNDATION - 500 MARTHA JEFFERSON DRIVE - CHARLOTTESVILLE, VA 22911	30-0041113	501(C)(3)	98,329.	0.			GENERAL PURPOSES, HADEN INSTITUTE FOR NURSING EXCELLENCE, PHILLIPS FAMILY CANCER CENTER,

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SEXUAL ASSAULT RESOURCE AGENCY 335 GREENBRIAR DR., SUITE 102 CHARLOTTESVILLE, VA 22901	54-1118534	501(C)(3)	30,000.	0.			SUPPORT OF VICTIMS AND SURVIVOR RELIEF FUND, SUPOORT OF WORK OUTLINED IN GRANT APPLICATION
SHALOM FOUNDATION P.O. BOX 1354 FRANKLIN, TN 37065	95-4894733	501(C)(3)	10,000.	0.			GENERAL PURPOSES FROM RICHARD AND CINDY HEWITT
SHELTER FOR HELP IN EMERGENCY PO BOX 1013 CHARLOTTESVILLE, VA 22902	54-1082222	501(C)(3)	31,000.	0.			\$1000 GENERAL AND \$5000 COMMUNICATION EQUIPMENT UPGRADE AND GENERAL PURPOSES
SHELTERING ARMS FOUNDATION 140 EAST SHORE DRIVE, SUITE 200 GLEN ALLEN, VA 23059	54-1615599	501(C)(3)	30,000.	0.			THE ANDY HARRISON BENNET MEETING ROOM
SHENANDOAH NATIONAL PARK TRUST 1750 ALLIED STREET CHARLOTTESVILLE, VA 22903	20-8685310	501(C)(3)	7,500.	0.			BAMA WORKS 2022 GRANT
SHINING LIGHT, INC. P.O. BOX 267 ANNVILLE, PA 17003	25-1847018	501(C)(3)	250,000.	0.			GENERAL PURPOSES
SLEDDING FOR HOPE INC 4733 W BROWNS CANYON RD PEOA, UT 84061-0000	84-2398064	501(C)(3)	40,000.	0.			PROGRAM SUPPORT
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS - 23564 CALABASAS ROAD, SUITE 201 - CALABASAS, CA 91302	95-4116679	501(C)(3)	16,732.	0.			CHARLOTTESVILLE ALBEMARLE RESTORATIVE JUSTICE - BAMA WORKS GRANT APPLICATION #'S 152943 &
SOUL OF THE WOLF WILDLIFE SANCTUARY AND EDUCATIONAL FOUNDATION INC - 5190 FARM CREEK RD - ST. AUGUSTINE, FL 32092	77-0411842	501(C)(3)	10,000.	0.			TEAM COUGAR

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SOUTHERN ENVIRONMENTAL LAW CENTER 120 GARRETT ST. CHARLOTTESVILLE, VA 22902	52-1436778	501(C)(3)	1,107,500.	0.			\$500,000 FOR PREVENTING ANY NEW FOSSIL FUEL INFRASTRUCTURE IN VIRGINIA AND \$500,000 AS
ST. ANNE'S-BELFIELD SCHOOL 2132 IVY ROAD CHARLOTTESVILLE, VA 22901	54-0880465	501(C)(3)	15,000.	0.			FIELD LIGHTING AND GENERAL PURPOSES
ST. JOHN FAMILY LIFE AND FITNESS CENTER - P. O. BOX 321 - GORDONSVILLE, VA 22942	45-2094028	501(C)(3)	10,000.	0.			SUPPORT OF INTERIOR CARPENTRY RENOVATIONS
ST. PAUL'S MEMORIAL CHURCH 1700 UNIVERSITY AVENUE CHARLOTTESVILLE, VA 22903	54-0584101	501(C)(3)	101,580.	0.			ANNUAL PAYOUT FROM ENDOWMENT FUND, GENERAL PURPOSES AND GENERAL PURPOSES
STANLEY M. ISAACS NEIGHBORHOOD CENTER - 415 EAST 93RD STREET - NEW YORK, NY 10128-6904	13-2572034	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
STATUE OF LIBERTY ELLIS ISLAND FOUNDATION - 17 BATTERY PLACE - NEW YORK, NY 10004	13-3118415	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
STONY BROOK FOUNDATION INC 221 ADMINISTRATION AT SUNY STONY BROOK, NY 11790	11-6077945	501(C)(3)	150,000.	0.			FOODLAB EDUCATION FUND C/O ROBERT REEVES FROM MICHAEL DONOVAN
TANDEM FRIENDS SCHOOL 279 TANDEM LANE CHARLOTTESVILLE, VA 22902	23-7063914	501(C)(3)	20,000.	0.			SCHOLARSHIP FUND AND BAMA WORKS 2022 GRANT
THE BRIDGE LINE P. O. BOX 7292 CHARLOTTESVILLE, VA 22906	59-3829222	501(C)(3)	8,000.	0.			BAMA WORKS 2022 GRANT

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THE BRIDGE MINISTRY P.O. BOX 2402 CHARLOTTESVILLE, VA 22902	54-1820614	501(C)(3)	35,000.	0.			THE JAY T. SWETT LEARNING CENTER - RESTRICTED AND THE BAMA WORKS 2022 GRANT
THE BRIDGE PROGRESSIVE ARTS INITIATIVE - 209 MONTICELLO RD - CHARLOTTESVILLE, VA 22902	20-5528367	501(C)(3)	51,600.	0.			RESTRICTED PURPOSE TO PAY THE INVOICE FROM MOORE'S ELECTRIC FOR THE COST OF INSTALLING OVERHEAD
THE CENTER 540 BELVEDERE BLVD. CHARLOTTESVILLE, VA 22901	54-0735666	501(C)(3)	461,000.	0.			\$1,000 GENERAL OPERATIONS, \$12,500 CAPITAL CAMPAIGN FOR NEW CENTER, DESIGNATED FOR
THE CHARLOTTESVILLE BAND 1119 5TH ST. SW CHARLOTTESVILLE, VA 22902	54-6000058	501(C)(3)	39,500.	0.			\$15000 TO SUPPORT INSTRUCTION AND \$2000 ADMIN COSTS AND GENERAL PURPOSES
THE DOE FUND 232 EAST 84TH STREET NEW YORK, NY 10028	13-3412540	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
THE FOUNTAIN FUND 233 4TH ST. NW BOX Z CHARLOTTESVILLE, VA 22902	81-3741447	501(C)(3)	60,860.	0.			A THREE YEAR ANNUAL GRANT TO END IN 2022, SUPPORT VEHICLE LOAN PROGRAM, THE FOUNTAIN FUND FINANCIAL
THE HAVEN AT FIRST & MARKET P.O. BOX 273 CHARLOTTESVILLE, VA 22902	47-1841856	501(C)(3)	44,000.	0.			AREA OF GREATEST NEED AND ONGOING OPERATIONS AT THE HAVEN'S DAY SHELTER
THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE ARLINGTON, VA 22203	53-0242652	501(C)(3)	732,103.	0.			PROCEEDS FROM BOTTLE SALES FOR TREE CAMPAIGN, THE TREE CAMPAIGN AND THE SANDALWOOD RESTORATION
THE NATURE CONSERVANCY - VIRGINIA CHAPTER - 652 PETER JEFFERSON PARKWAY - CHARLOTTESVILLE, VA 22911	53-0242652	501(C)(3)	88,455.	0.			ALLEGHENY HIGHLANDS DISTRICT, ANNUAL SUPPORT

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THE NATURE FOUNDATION AT WINTERGREEN - RT. 1, BOX 770 - ROSELAND, VA 22967-9214	54-1689828	501(C)(3)	65,000.	0.			ENDOWMENT FUND 2025 AND GENERAL SUPPORT
THE NORTHWEST SCHOOL 1415 SUMMIT AVE. SEATTLE, WA 98122	91-1061146	501(C)(3)	50,000.	0.			SUPPORT OF PIZAZZ
THE OUTREACH CHURCH P O BOX 2402 CHARLOTTESVILLE, VA 22902	51-0671396	501(C)(3)	10,000.	0.			BAMA WORKS 2022 GRANT
THE SOHO CENTER 1564 WEST HOOVER ROAD MADISON, VA 22727	13-2943318	501(C)(3)	10,000.	0.			GENERAL PURPOSES
THE UHURU FOUNDATION PO BOX 2242 CHARLOTTESVILLE, VA 22902	84-2733195	501(C)(3)	25,000.	0.			CREDIBLE MESSENGER MODEL AND DEVELOPMENT OF EVALUATION TOOL
THE VIRGINIA ROWING ASSOCIATION AT THE UNIVERSITY OF VIRGINIA INC - PO BOX 400314 - CHARLOTTESVILLE, VA 22904-4314	54-1745147	501(C)(3)	10,000.	0.			ACCOUNT FROW 100, ALLOCATION 00156; VIRGINIA ROWING ASSOCIATION
THE WHITE PIG ANIMAL SANCTUARY, INC. - 5120 IRISH ROAD - SCHUYLER , VA 22969	81-5086682	501(C)(3)	10,000.	0.			GENERAL PURPOSES
THE WOMEN'S INITIATIVE 1101 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5913090	501(C)(3)	250,000.	0.			ANNUAL SUPPORT, FOUNDERS CIRCLE SUPPORT AND SUPPPORT GIRLS NIGHT OUT AND IMPLEMENTATION OF
THE YELLOW DOOR FOUNDATION, INC 435 MERCHANT WALK SQUARE CHARLOTTESVILLE, VA 22902	82-1240949	501(C)(3)	17,500.	0.			SUPPORT OF WORK OUTLINED IN GRANT APPLICATION

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMAS JEFFERSON AREA COALITION FOR THE HOMELESS - P.O. BOX 34 - CHARLOTTESVILLE, VA 22902	26-4577927	501(C)(3)	35,000.	0.			AREA OF GREATEST NEED
THOMAS JEFFERSON FOUNDATION P.O. BOX 316 CHARLOTTESVILLE, VA 22902	54-0505959	501(C)(3)	7,500.	0.			GENERAL PURPOSES
THRONATEESKA HERITAGE FOUNDATION 100 WEST ROOSEVELT AVE. ALBANY, GA 31701	58-1198471	501(C)(3)	12,500.	0.			GENERAL PURPOSES
TOM TOM FOUNDATION 100 W SOUTH STREET CHARLOTTESVILLE, VA 22902	46-2048771	501(C)(3)	12,000.	0.			SUPPORT OF ART PROJECT PER 3.23.22 PROPOSAL
TOWN OF GORDONSVILLE P.O. BOX 276 GORDONSVILLE, VA 22942		GOV	25,000.	0.			GORDONSVILLE PARK PROJECT
TUESDAY EVENING CONCERT SERIES 108 FIFTH STREET SE CHARLOTTESVILLE, VA 22902	23-7312817	501(C)(3)	10,000.	0.			GENERAL PURPOSES
UNC CHAPEL HILL SCHOOL OF NURSING FOUNDATION - CB# 7460, CARRINGTON HALL - CHAPEL HILL, NC 27599-7460	58-1508175	501(C)(3)	12,500.	0.			\$10,000 GRAINGER, KLUTTZ, & WAR HEROES INITIATIVE ENDOWMENT AND \$2,500 GRAINGER, KLUTTZ, & WAR
UNION THEOLOGICAL SEMINARY 3041 BROADWAY NEW YORK, NY 10027	13-1624238	501(C)(3)	100,000.	0.			HONORING YARA ALLEN FOR POOR PEOPLES'S CAMPAIGN
UNITED STATES ASSOCIATION FOR UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES - 1310 L STREET NW, STE. 450 - WASHINGTON, DC 20005	52-1662800	501(C)(3)	15,000.	0.			SUPPORT TO ASSIST UKRAINIAN REFUGEES

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UNITED WAY OF GREATER CHARLOTTESVILLE - 200 GARRETT ST., SUITE I - CHARLOTTESVILLE, VA 22902	54-0505882	501(C)(3)	144,401.	0.			DRIVING LIVES FORWARD, GENERAL PURPOSES AND THE ENVISION PROGRAM
UNIVERSITY OF VIRGINIA ALUMNI ASSOCIATION - P.O. BOX 400314 - CHARLOTTESVILLE, VA 22904-4314	54-0485595	501(C)(3)	50,000.	0.			UVA STRONG FUND
UNIVERSITY OF VIRGINIA CHILDREN'S HOSPITAL - P.O. BOX 37963 - BOONE, IA 50036	54-6001796	501(C)(3)	50,000.	0.			SUPPORTING THE FAMILY CENTERED CARE PROGRAM AT UVA'S CHILDREN'S HOSPITAL
UNIVERSITY OF VIRGINIA FUND PO BOX 37963 BOONE, IA 50036	54-1682176	501(C)(3)	10,000.	0.			UVA LIBRARY RESTORATION PROJECT FROM MRS. SHELAH K. SCOTT
UNIVERSITY OF VIRGINIA HEALTH FOUNDATION - P.O. BOX 37963 - BOONE, IA 50037	41-2097394	501(C)(3)	73,333.	0.			MEMORY DISORDER PROGRAM GIFTS - 15632 RECTOR & VISITORS OF THE UNIVERSITY OF VIRGINIA
UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION - 580 MASSIE RD. - CHARLOTTESVILLE, VA 22903	54-0838566	501(C)(3)	6,000.	0.			GENERAL PURPOSES
UNIVERSITY OF VIRGINIA MEDICAL SCHOOL FOUNDATION - PO BOX 27963 - BOONE, IA 50037-4963	23-7173411	501(C)(3)	17,902.	0.			SUPPORT OF THE ROBERT M. BERNE CARDIOVASCULAR RESEARCH CENTER AT UVA
UNIVERSITY OF VIRGINIA MILLER CENTER FOUNDATION - P.O. BOX 37963 - BOONE, IA 50037-0963	54-1420895	501(C)(3)	27,500.	0.			ANNUAL SUPPORT
UNIVERSITY OF VIRGINIA NURSING SCHOOL - P. O. BOX 800826 - CHARLOTTESVILLE, VA 22908-0826	54-6001796	501(C)(3)	20,000.	0.			GENERAL PURPOSES

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UNIVERSITY OF VIRGINIA RECTOR AND VISITORS - P. O. BOX 400807 - CHARLOTTESVILLE, VA 22904-4807	54-6001796	501(C)(3)	19,000.	0.			GENERAL PURPOSES; FRALIN MUSEUM OF ART
USTA MID-ATLANTIC SECTION INC. 620 HERNDON PARKWAY HERNDON, VA 20194	54-1472806	501(C)(3)	5,500.	0.			THE WORK OUTLINED IN YOUR APPLICATION
UVA SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT FDN. - P.O. BOX 400276 - CHARLOTTESVILLE, VA 22904-4276	51-0201344	501(C)(3)	10,000.	0.			SUPPORT OF THE DEAN PIANTA FUND AND ANNUAL FUND
VILLANOVA UNIVERSITY 800 LANCASTER AVE VILLANOVA, PA 19085	23-1352688	501(C)(3)	27,500.	0.			\$20,000 NURSING SCHOOL DONNA HAVENS ENDOWED SCHOLARSHIP AND \$7,500 SMITH, SMITH, AND
VIRGINIA DISCOVERY MUSEUM PO BOX 1128 CHARLOTTESVILLE, VA 22902	54-1189268	501(C)(3)	45,000.	0.			AREA OF GREATEST NEED TO BENEFIT THE COMMUNITY, RENOVATION OF THE CAROUSEL AND SCHOLARHIP
VIRGINIA FOUNDATION FOR COMMUNITY COLLEGE EDUCATION - 300 ARBORETUM PLACE, SUITE 200 - RICHMOND, VA 23236	23-7004354	501(C)(3)	10,000.	0.			BAMA WORKS 2022 GRANT
VIRGINIA HORSE CENTER FOUNDATION 487 MAURY RIVER RD. LEXINGTON, VA 24450-3374	52-1388640	501(C)(3)	7,500.	0.			GENERAL PURPOSES; FROM HEWITT FAMILY FUND
VIRGINIA HUNTERS WHO CARE, INC. P.O. BOX 304 BIG ISLAND, VA 24526	54-1650687	501(C)(3)	10,000.	0.			THE WORK OUTLINED IN YOUR APPLICATION
VIRGINIA INSTITUTE OF AUTISM 491 HILLSDALE DRIVE CHARLOTTESVILLE, VA 22901	54-1815297	501(C)(3)	38,000.	0.			GENERAL PURPOSES

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VIRGINIA MUSEUM OF FINE ARTS FOUNDATION - 200 NORTH BOULEVARD - RICHMOND, VA 23220	51-0205333	501(C)(3)	10,000.	0.			GENERAL PURPOSES
VIRGINIA ORGANIZING 703 CONCORD AVENUE CHARLOTTESVILLE, VA 22903	54-1674992	501(C)(3)	314,156.	0.			CHARLOTTESVILLE UNITED FOR PUBLIC EDUCATION, GENERAL PURPOSES, POWHR, SUPPORT FOR UNITED PUBLIC
VIRGINIA POVERTY LAW CENTER 919 EAST MAIN STREET RICHMOND, VA 23219	54-1093402	501(C)(3)	27,250.	0.			AFFORDABLE CLEAN ENERGY PROJECT, Y2 Q3
VIRGINIA PRISON BIRTH PROJECT 312 7 AND A HALF ST. SW CHARLOTTESVILLE, VA 22903	87-1038388	501(C)(3)	6,500.	0.			BAMA WORKS 2022 GRANT
VIRGINIA SUPPORTIVE HOUSING P. O. BOX 8585 RICHMOND, VA 23226	54-1444564	501(C)(3)	19,000.	0.			GENERAL PURPOSES
WAGILABS 625 WORTHINGTON DRIVE CHARLOTTESVILLE, VA 22903	81-2914215	501(C)(3)	35,000.	0.			FUNDING OUTREACH PROGRAMS IN CLEVELAND, COLUMBUS, CHICAGO AND GHANA, AND TANZANIA AND THE CREATION
WARTIME FITNESS WARRIORS 1147 RIVER RD SUITE 5 CHARLOTTESVILLE, VA 22901	88-1718976	501(C)(3)	7,500.	0.			PROVIDING SCHOLARSHIPS IN RELATION TO THE COMMUNITY MATTERS: COMMUNITY WORK EVENT.
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481-8203	04-2103637	501(C)(3)	6,200.	0.			OPERATIONS
WESTMINSTER PRESBYTERIAN CHURCH 400 RUGBY ROAD CHARLOTTESVILLE, VA 22903		CHURCH	24,000.	0.			GENERAL PURPOSES

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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WESTMINSTER-CANTERBURY OF THE BLUE RIDGE FOUNDATION - 250 PANTOPS MOUNTAIN RD. - CHARLOTTESVILLE, VA 22911	54-1882970	501(C)(3)	6,000.	0.			GENERAL PURPOSES
WILDLIFE CENTER OF VIRGINIA PO BOX 1557 WAYNESBORO, VA 22980	54-1215402	501(C)(3)	45,000.	0.			GENERAL OPERATING SUPPORT
WILDROCK 6600 BLACKWELLS HOLLOW RD CROZET, VA 22932	47-5279299	501(C)(3)	60,000.	0.			CAMP WILDROCK URBAN OUTREACH WORK; YEAR 3 OF 3 PLEDGE INITIATED IN 2020, GENERAL PURPOSES
WINTERGREEN ADAPTIVE SPORTS / DISABLED SPORTS USA - P. O. BOX 4334 - CHARLOTTESVILLE, VA 22905	54-1818204	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
WOMEN'S GLOBAL EMPOWERMENT FUND PO BOX 6283 DENVER, CO 80206	20-8822616	501(C)(3)	15,000.	0.			GENERAL PURPOSES
WOMEN'S LEARNING PARTNERSHIP 4343 MONTGOMERY AVE, SUITE 201 BETHESDA, MD 20814	52-2199581	501(C)(3)	15,000.	0.			GENERAL PURPOSES
WORLD CENTRAL KITCHEN, INC. 655 NEW YORK AVENUE, 6TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	120,000.	0.			ASSISTANCE WITH WORK ON THE UKRAINE BORDER AND GENERAL SUPPORT
WORLD FEDERATION OF YOUTH CLUBS 2143 METROCENTER BLVD, ORLANDO, FL 32835	84-2274485	501(C)(3)	10,000.	0.			UNRESTRICTED GIVING
WVTF PUBLIC RADIO/RADIO IQ PO BOX 2737 ROANOKE, VA 24001-2737	54-0721690	501(C)(3)	21,000.	0.			GENERAL PURPOSES

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YMCA OF GREATER NEW YORK 5 WEST 63RD STREET NEW YORK, NY 10023	13-1624228	501(C)(3)	250,000.	0.			CAPITAL AND OPERATIONAL COSTS ASSOCIATED WITH THE OPENING OF TWO NEW YMCA BRANCHES IN THE SOUTH
YMCA OF GREATER RICHMOND 2 WEST FRANKLIN STREET RICHMOND, VA 23220	54-0505986	501(C)(3)	10,000.	0.			GOLD STAR FAMILY PROGRAM; IN HONOR OF TED & JOELLEN FOTIOU
ZION UNITED METHODIST CHURCH 1674 ZION ROAD TROY, VA 22974		CHURCH	25,000.	0.			SUPPORT OF NEW PLAYGROUND

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	199	933,890.	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 MEMBERS OF THE

Part IV Supplemental Information

GRANTS 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: IX ART PARK FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED PURPOSE OF PAYING THE CSI INVOICE FOR INSTALLATION OF ARTISTIC WRAP AT DEWBERRY BUILDING ON MAIN STREET, SUPPORT OF THE 2022 SOUL OF CHARLOTTESVILLE FESTIVAL; PARTICULARLY YOUR COMMITMENT TO COMPENSATING BLACK ARTISTS AND ORGANIZATIONS PARTICIPATING IN THE EVENT

NAME OF ORGANIZATION OR GOVERNMENT: APPALACHIAN MOUNTAIN ADVOCATES

(H) PURPOSE OF GRANT OR ASSISTANCE: STOPPING THE MVP, MVP SOUTHGATE, LAMBERT COMPRESSOR STATION AND ANY NEW FRACKED GAS INFRASTRUCTURE IN VA

NAME OF ORGANIZATION OR GOVERNMENT: APPALACHIAN VOICES

(H) PURPOSE OF GRANT OR ASSISTANCE: STOPPING THE MVP, MVP SOUTHGATE, LAMBERT COMPRESSOR STATION AND ANY NEW FRACKED GAS INFRASTRUCTURE IN VA; IN HONOR OF JESSICA SIMS.

NAME OF ORGANIZATION OR GOVERNMENT: BIRTH SISTERS OF CHARLOTTESVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES AND SUPPORT OF INCREASED ACCESS TO QUALITY CARE TO REDUCE MATERNAL AND CHILD HEALTH DISPARITIES

NAME OF ORGANIZATION OR GOVERNMENT:

BON SECOURS RICHMOND HEALTH CARE FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10,000 OSCAR F. SMITH ENDOWED MERIT
NURSING SCHOLARSHIP AND \$2,500 OSCAR F. SMITH ENDOWED ANNUAL MERIT
NURSING SCHOLARSHIP AND THE RAPPAHANNOCK GENERAL HOSPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: BOTANICAL GARDEN OF THE PIEDMONT
(H) PURPOSE OF GRANT OR ASSISTANCE: \$4000 CAPITAL CAMPAIGN CHARITABLE
DONATION 2021; \$1000 ANNUAL CHARITABLE DONATION 2021 - CAPITAL CAMPAIGN
AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:
BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA
(H) PURPOSE OF GRANT OR ASSISTANCE: 30TH BIRTHDAY, BOYS AND GIRLS CLUB'S
BUILDING GREAT FUTURES CAPITAL CAMPAIGN FOR NEW ALBEMARLE CAMPUS
FACILITY, IN HONOR OF KATE LAMBERT, SUPPORT OF THE BOYS & GIRLS CLUB
LIVING WAGE INITIATIVE IN FY 2023 AND THE BOYS AND GIRLS CLUB BUILDING
GREAT FUTURES CAPITAL CAMPAIGN FOR NEW ALBEMARLE CAMPUS FACILITY

NAME OF ORGANIZATION OR GOVERNMENT: CAMP HOLIDAY TRAILS
(H) PURPOSE OF GRANT OR ASSISTANCE: BATHROOM RENOVATION PROJECT IN CACF
OCTOBER NEWSLETTER, CHT POP-UP CAMPS, BAMA WORKS 2022 GRANT

NAME OF ORGANIZATION OR GOVERNMENT: CHARLOTTESVILLE CATHOLIC SCHOOL
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES, FROM GRANDPARENTS
OF SOPHIE SATIRA AND ST. DUNSTAN CHAPEL REPAIR AND MAINTENANCE,
TECHNOLOGY UPGRADES, AND EXPANSION

NAME OF ORGANIZATION OR GOVERNMENT:
CHARLOTTESVILLE PUBLIC HOUSING ASSOCIATION OF RESIDENTS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PHAR RESIDENT ASSISTANT ORGANIZERS
TO BUILD AND DEEPEN PHAR'S RELATIONSHIP WITH CITY OF CHARLOTTESVILLE
OFFICIALS, SUPPORT OF YOUTH ORGANIZER AND GENERAL OPERATING FUND

NAME OF ORGANIZATION OR GOVERNMENT:

CHARLOTTESVILLE REDEVELOPMENT AND HOUSING AUTHORITY

(H) PURPOSE OF GRANT OR ASSISTANCE: STRENGTHENING SYSTEMS 2022

DISBURSEMENT INCLUDING THE RESIDENT SERVICES ASSISTANT POSITION THAT WILL
HELP INCREASE PUBLIC HOUSING, RESIDENT COMMUNITY ENGAGEMENT, AND ACCESS
TO RESOURCES FOR CAREER OPPORTUNITIES AND THE SOLE PURPOSE OF SUPPORTING
CRHA'S ACQUISITION OF REAL PROPERTY LOCATED AT 1016 & 1020 COLEMAN STREET

NAME OF ORGANIZATION OR GOVERNMENT: CHARLOTTESVILLE-WINNEBA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FINANCIAL SUPPORT WITH FLIGHTS FOR
THE CHARLOTTESVILLE-WINNEBA EXCHANGE; RECEIPTS OF FLIGHTS NEED TO BE
SUBMITTED FOR OUR RECORDS TO BAMA WORKS FUND, PROCUREMENT AND SHIPPING OF
EQUIPMENT TO WINNEBA MUNICIPAL HOSPITAL; SCHOLARSHIPS FOR SISTER CITY
TRAVELERS, SCHOLARSHIP SUPPORT FOR MAY 2022 TRIP TO GHANA, SUPPORTING THE
LEGACY FOUNDATION IN THEIR COMMUNITY MATTERS: COMMUNITY WORK EVENT AND
TRAVEL SCHOLARSHIPS DECEMBER TRIP

NAME OF ORGANIZATION OR GOVERNMENT: CHESAPEAKE BAY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PREVENTING ANY NEW FRACKED GAS
COMPRESSOR STATIONS, THE BAMA WORKS 2022 GRANT, AND GENERAL PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT: CHILD HEALTH PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: INTERPRETERS SALARIES AND OTHER
IMMEDIATE NEEDS, SUPPORT OF WORK OUTLINED IN GRANT APPLICATION AND

Part IV Supplemental Information

GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF PROMISE

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING SUPPORT; HONORING MISSY AND BILL SHENKI & BEVIN AND VITO CETTA, THE EXPANSION OF PROGRAM CITY WIDE AND GENERAL PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT: CONGREGATION BETH ISRAEL

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL GIVING - LEADER GIFT, SECURITY AND DUES, BUILDING FUND AND GENERAL PURPOSES AND SUPPORT OF A NON-PROFIT RELIGIOUS INSTITUTION

NAME OF ORGANIZATION OR GOVERNMENT: CULTIVATE CHARLOTTEVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: CITY SCHOOLYARD GARDES - SUPPORT OF SCHOOL GARDENS AND YOUTH LEADERSHIP TRAINING FOR 2500 YOUTH AND 500 ADULTS, FOOD JUSTICE NETWORK, IMPROVING FOOD SECURITY AND HEALTH OUTCOMES FOR CHARLOTTEVILLE YOUTH THROUGH INCREASED ACCESS TO AND CONSUMPTION OF HEALTHY SCHOOL MEALS, ENGAGEMENT IN SCHOOL GARDENS, AND CULTIVATING LEADERSHIP AND HEALTHY LIVING AND SUPPORT OF TEEN PROGRAMMING INCLUDING THE YOUTH FOOD JUSTICE INTERNS

NAME OF ORGANIZATION OR GOVERNMENT: DUKE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: ALLEN H GWYN SCHOLARSHIP; ADD TO GIVING RECORD OF LUCY B ROHWEDER AND ALS REVERSALS FUND COD - 391000089

NAME OF ORGANIZATION OR GOVERNMENT: ELK HILL FARM

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TO EXPAND THE THERAPEUTIC WILDERNESS EXPLORATION "ECO-ADVENTURE" PROGRAM IN CHARLOTTEVILLE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ELLIS ACRES MEMORIAL PARK INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESPONSE TO THE GIVING OPPORTUNITIES
FUNDING REQUEST, SUPPORT OF NEW DRIVEWAY AND ADA PARKING PROJECT AND BAMA
WORKS 2022 GRANT

NAME OF ORGANIZATION OR GOVERNMENT: FAMILIES HELPING FAMILIES

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES, RESPONSE TO THE
GIVING OPPORTUNITIES FUNDING REQUEST AND THE BAMA WORKS 2022 GRANT

NAME OF ORGANIZATION OR GOVERNMENT: FLUVANNA/LOUISA HOUSING FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: RESPONSE TO THE GIVING OPPORTUNITIES
FUNDING REQUEST AND THE WORK OUTLINED IN YOUR APPLICATION

NAME OF ORGANIZATION OR GOVERNMENT:

HABITAT FOR HUMANITY OF GREATER CHARLOTTESVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES, THE PURCHASE OF 2
PROPERTY LOTS IN THE CITY OF CHARLOTTESVILLE, VA AND THE BAMA WORKS 2022
GRANT

NAME OF ORGANIZATION OR GOVERNMENT: HER SPORTS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING SCHOLARSHIPS TO HUSTLE
ACADEMY IN RELATIONSHIP WITH THE COMMUNITY MATTERS: COMMUNITY WORK
EVENT

NAME OF ORGANIZATION OR GOVERNMENT: HOSPICE OF THE PIEDMONT

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL PAYOUT, SUPORT OF WORK
OUTLINED IN GRANT APPLICATION AND WE HONOR VETERANS PROGRAM AND EDUCATION

Part IV Supplemental Information

INSTITUTE CHALLENGE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: INTERNATIONAL RESCUE COMMITTEE

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5,000 FOR THE NEW ROOTS PROGRAM AND \$5,000 GENERAL SUPPORT, SUPPORT OF NEW ROOTS PROGRAM, SUPPORT WORK WITH REFUGEES FROM UKRAINE AND THE AREA OF GREATEST CURRENT LOCAL NEED

NAME OF ORGANIZATION OR GOVERNMENT: LIGHT HOUSE STUDIO

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL CAMPAIGN, SCHOLARSHIPS, PYMWYMI PSA PROJECT, ENDOWMENT FUND, SUPPORT OF CLIMATE FILM CHALLENGE

NAME OF ORGANIZATION OR GOVERNMENT: LIVE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: FIRST OF 3 ANNUAL GIFTS OF \$15K DESIGNATED TO THE STIPEND FOR THE DIRECTOR OF THE WATER WORKS FESTIVAL FOR NEW WORKS, SUPPORT OF TEEN PROGRAMMING AND GRANT APPLICATION

NAME OF ORGANIZATION OR GOVERNMENT: LONGWOOD UNIVERSITY FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ELIZABETH REBECCA ROBERTSON JOHNSON NURSING MERIT ENDOWMENT \$10,000 AND ELIZABETH REBECCA ROBERTSON JOHNSON NURSING MERIT 2 ANNUAL \$2,500 SCHOLARSHIPS AND NURSING SCHOOL CLASSROOM REHABILITATION

NAME OF ORGANIZATION OR GOVERNMENT:

MEDICAL COLLEGE OF VIRGINIA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10,000 NURSING LOIS PARKER HENLEY ENDOWED MERIT SCHOLARSHIP, \$2,500 NURSING LOIS PARKER HENLEY ANNUAL MERIT SCHOLARSHIP AND \$2,500 NURSING DEAN JEAN GIDDENS ANNUAL MERIT SCHOLARSHIP FUND, \$10,000 SMITH FAMILY WAR HEROES INITIATIVE ENDOWMENT \$2500, LT.

Part IV Supplemental Information

JAMES ALEXNDER SMITH III ANNUAL SCHOLARSHIP AND LT. PARK FAR SMITH ANNUAL
SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: MILLER SCHOOL OF ALBEMARLE

(H) PURPOSE OF GRANT OR ASSISTANCE: 2 STUDENTS, 5 DAY BOARDERS; 1 FROM
ALBEMARLE, 1 FROM ORANGE, BOTH 11TH GRADERS. THIS IS 51% OF TUITION,
PLUS AN ADDITIONAL \$300 EACH FOR BOOKS OR COMPUTER PROGRAMS AS NEEDED,
HEADMASTER AND LIBRARIAN TO USE AS THEY DEEM APPROPRIATE

NAME OF ORGANIZATION OR GOVERNMENT: MONTPELIER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL SUPPORT, SUPPORT TO CREATE A
NATIVE MEADOW-PIEDMONT PRAIRE TO EDUCATION ABOUT BIODIVERSITY, LAND
MANAGEMENT, AND CONSERVATION OF ECOSYSTEMS AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: NEW HILL DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FEASIBILITY STUDY FOR THE
DEVELOPMENT OF A SHARED COMMERCIAL KITCHEN AS PART OF THE BEACON (BLACK
ENTREPRENEURIAL ADVANCEMENT AND COMMUNITY OPPORTUNITY NETWORK) PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: PARAMOUNT THEATER OF CHARLOTTESVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL SUPPORT AND PROGRAMMING OF
BUDDY GUY'S PERFORMANCE ON THE PARAMOUNT'S STAGE ON JUNE 12, 2022

NAME OF ORGANIZATION OR GOVERNMENT: PIEDMONT REGIONAL DENTAL CLINIC

(H) PURPOSE OF GRANT OR ASSISTANCE: DENTAL CLINIC OPERATIONS AND TO
SUBSIDIZE DENTAL CARE DELAYED DUE TO COVID AND RESPONSE TO GIVING
OPPORTUNITIES FOR EQUIPMENT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PLANNED PARENTHOOD SOUTH ATLANTIC

(H) PURPOSE OF GRANT OR ASSISTANCE: REPRODUCTIVE HEALTH CARE, COMMUNITY HEALTH EDUCATION, SEAMOS HONESTO, AND MEETING THE MOMENT

NAME OF ORGANIZATION OR GOVERNMENT: READYKIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PROGRAMS THAT BENEFIT THE COMMUNITY AND READY STEPS EXPLANSION GRANT, TEEN COUNSELING PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: RECLAIMED HOPE INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF THE PURCHASE OF EQUIPMENT AND SUPPLIES TO GIVE CAMP HOPE CAMPERS FULL ACCESS TO THE ENTIRE CAMP ENVIRONMENT

NAME OF ORGANIZATION OR GOVERNMENT: RIVANNA CONSERVATION ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAMMING RELATED TO THE CORRIDOR, INCLUDING CONVENING THE PARTNERSHIP, SUPPORT OF PREPARATIONS FOR 2022 ENVIRONMENTAL EDUCATION RIVER FESTIVAL, SUPPORT OF THE RIVANNA CONSERVATION ALLIANCE'S "WATER QUALITY MONITORING PROGRAM" PROPOSAL

NAME OF ORGANIZATION OR GOVERNMENT: SCHOOL OF BUSINESS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$25,000 SHIFT RETAIL LAB COMMITMENT, \$2,500 DA VINCI CENTER NEW ECONOMY THINKER STUDENT SCHOLARSHIP AND \$2,500 FOR USE AT THE DISCRETION OF THE EXECUTIVE DIRECTOR

NAME OF ORGANIZATION OR GOVERNMENT:

SENTARA MARTHA JEFFERSON HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSES, HADEN INSTITUTE FOR NURSING EXCELLENCE, PHILLIPS FAMILY CANCER CENTER, SUPPORTING NURSING

Part IV Supplemental Information

SCHOLARSHIPS AND NURSING EDUCATION FOR EMPLOYEES OF MARTHA JEFFERSON
HOSPITAL

NAME OF ORGANIZATION OR GOVERNMENT:

SOCIAL AND ENVIRONMENTAL ENTREPRENEURS

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARLOTTESVILLE ALBEMARLE

RESTORATIVE JUSTICE - BAMA WORKS GRANT APPLICATION #'S 152943 & 161194

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN ENVIRONMENTAL LAW CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: \$500,000 FOR PREVENTING ANY NEW

FOSSIL FUEL INFRASTRUCTURE IN VIRGINIA AND \$500,000 AS YOUR WISDOM

DICTATES, GENERAL FUND, GENERAL PROGRAM THAT ADVANCE THE MISSION,

NAME OF ORGANIZATION OR GOVERNMENT:

THE BRIDGE PROGRESSIVE ARTS INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED PURPOSE TO PAY THE

INVOICE FROM MOORE'S ELECTRIC FOR THE COST OF INSTALLING OVERHEAD LIGHTS

ON THE DOWNTOWN MALL, SUPPORT OF MURAL PROJECT AND THE REVEL

NAME OF ORGANIZATION OR GOVERNMENT: THE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: \$1,000 GENERAL OPERATIONS, \$12,500

CAPITAL CAMPAIGN FOR NEW CENTER, DESIGNATED FOR DEBT RETIREMENT AND

GENERAL PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT: THE CRYSTAL CATHEDRAL MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING THE J.I. CLARK JR. FINANCIAL

ASSISTANCE PROGRAM. NOTE THAT THESE FUNDS ARE EARMARKED FOR THE

OVERLAPPING SERVICE AREAS - THE COUNTIES OF ALBEMARLE, BUCKINGHAM,

Part IV Supplemental Information

FLUVANNA AND NELSON.

NAME OF ORGANIZATION OR GOVERNMENT: THE FOUNTAIN FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: A THREE YEAR ANNUAL GRANT TO END IN
2022, SUPPORT VEHICLE LOAN PROGRAM, THE FOUNTAIN FUND FINANCIAL
ASSISTANCE PROGRAM AND HONORING TIM HEAPHY

NAME OF ORGANIZATION OR GOVERNMENT: THE NATURE CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROCEEDS FROM BOTTLE SALES FOR TREE
CAMPAIGN, THE TREE CAMPAIGN AND THE SANDALWOOD RESTORATION PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: THE WOMEN'S INITIATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL SUPPORT, FOUNDERS CIRCLE
SUPPORT AND SUPPPORT GIRLS NIGHT OUT AND IMPLEMENTATION OF CULTURAL
HUMILITY ACTION PLANT

NAME OF ORGANIZATION OR GOVERNMENT:

UNC CHAPEL HILL SCHOOL OF NURSING FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10,000 GRAINGER, KLUTTZ, & WAR
HEROES INITIATIVE ENDOWMENT AND \$2,500 GRAINGER, KLUTTZ, & WAR HEROES
INITIATIVE ANNUAL SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: VETERANS AND ATHLETES UNITED

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING RETREATS, ADAPTIVE SPORTS,
OR RECREATIONAL ACTIVITIES; IN MEMORY OF LT. JAMES ALEXANDER SMITH, USN
KIA/MIA 11/3/1943

NAME OF ORGANIZATION OR GOVERNMENT: VILLANOVA UNIVERSITY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: \$20,000 NURSING SCHOOL DONNA HAVENS
ENDOWED SCHOLARSHIP AND \$7,500 SMITH, SMITH, AND PITSENBARGER ANNUAL
SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: VIRGINIA DISCOVERY MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: AREA OF GREATEST NEED TO BENEFIT THE
COMMUNITY, RENOVATION OF THE CAROUSEL AND SCHOLARHIP PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: VIRGINIA ORGANIZING

(H) PURPOSE OF GRANT OR ASSISTANCE: CHARLOTTESVILLE UNITED FOR PUBLIC
EDUCATION, GENERAL PURPOSES, POWHR, SUPPORT FOR UNITED PUBLIC EDUCATION,
SUPPORT VIRGINIA ORGANIZING, THE MAN CAVE PROGRAM, VIRGINIA CLINICIANS
FOR CLIMATE ACTION AND VIRGINIA INTERFAITH POWER AND LIGHT

NAME OF ORGANIZATION OR GOVERNMENT: WAGILABS

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING OUTREACH PROGRAMS IN
CLEVELAND, COLUMBUS, CHICAGO AND GHANA, AND TANZANIA AND THE CREATION OF
A CURRICULUM FOR ELEMENTARY SCHOOL KIDS ON HOW TO BECOME A KIDPRENEUR

NAME OF ORGANIZATION OR GOVERNMENT: WILDROCK

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMP WILDROCK URBAN OUTREACH WORK;
YEAR 3 OF 3 PLEDGE INITIATED IN 2020, GENERAL PURPOSES AND SUPPORT OF
TEEN PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF GREATER NEW YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL AND OPERATIONAL COSTS
ASSOCIATED WITH THE OPENING OF TWO NEW YMCA BRANCHES IN THE SOUTH BRONX
AND NORTHEAST BRONX AND GOLD STAR FAMILY PROGRAM, IN HONOR OF TED &

Part IV Supplemental Information

JOELLEN FOTIOU

Multiple horizontal lines for supplemental information entry.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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 and/or 1099-NEC 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) BRENNAN GOULD PRESIDENT, TREASURER & CEO	(i)	264,727.	0.	0.	0.	25,752.	290,479.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	51	2,310,400.	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 V, 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 3 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) 2022

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)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CHARLOTTESVILLE AREA COMMUNITY
FOUNDATION

Employer identification number

54-1506312

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

FUNDHOLDER ADVISED COMPETITIVE GRANT PROGRAMS CONTINUED TO MAKE GRANTS
IN 2022, INCLUDING THE BAMA WORKS FUND OF DAVE MATTHEWS BAND AND THE
TWICE IS NICE FUND. BAMA WORKS CONDUCTED TWO AWARD CYCLES AND MADE 207
GRANTS TOTALING \$1,564,942. TWICE IS NICE MADE 18 GRANTS TOTALING
\$195,000.

FORM 990, PART VI, SECTION A, LINE 8B:

CHARLOTTESVILLE AREA COMMUNITY FOUNDATION HAS NO COMMITTEES THAT HAVE THE
AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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.

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

Schedule O (Form 990) 2022

232211 10-28-22

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

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

CHANGE IN VALUE SPLIT INTEREST AGREEMENTS	-5,122,059.
INCOME FROM PASSTHROUGH ENTITY	11,971.
TOTAL TO FORM 990, PART XI, LINE 9	-5,110,088.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

Name CHARLOTTEVILLE AREA COMMUNITY
FOUNDATION

Employer Identification Number
54-1506312

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - INCOME FROM PASSTHROU 57,791.

Table with 2 columns for carryover data, currently empty.

Type and Entity: PRE-2018 NOL FED **DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation		Section 382 Carryover									
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/16	Amount Used for 12/31/17	Amount Used for 12/31/18	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2010	190,166.	190,166.								
B	2011	301,713.	301,713.	6,264.	58,638.	7,969.					
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A											
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											

Type and Entity: INCOME FROM PASSTHROUGH POST-2017 NO

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2022	57,791.										
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
	Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
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I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

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

2022

For calendar year 2022 or other tax year beginning _____, and ending _____

Go to 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).

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

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>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) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CHARLOTTEVILLE AREA COMMUNITY FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1767</p> <p>City or town, state or province, country, and ZIP or foreign postal code CHARLOTTEVILLE, VA 22902</p>	<p>D Employer identification number 54-1506312</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 282,309,437.</p>			

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university

H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) **1**

K 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.

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

Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. 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 statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022	6a	13,160.	
b	2022 estimated tax payments. Check if section 643(g) election applies	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	6g		
7	Total payments. Add lines 6a through 6g	7		13,160.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		13,160.
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax 13,160. Refunded	11		0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2022 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
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
4	Enter available pre-2018 NOL carryovers here \$		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	Available post-2017 NOL carryover		
	\$		
	\$		
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

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.				
	Signature of officer	Date	SECRETARY	Title	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	JAYME MIKA				P00852731
	Firm's name KEITER, STEPHENS, HURST, GARY & SHREAVE		Firm's EIN		54-1631262
	Firm's address 4401 DOMINION BLVD GLEN ALLEN, VA 23060		Phone no. (804) 747-0000		

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to 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).

1
OMB No. 1545-0047

2022

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

A Name of the organization CHARLOTTEVILLE AREA COMMUNITY FOUNDATION	B Employer identification number 54-1506312
C Unrelated business activity code (see instructions) 812900	D Sequence: 1 of 1

E Describe the unrelated trade or business **INCOME FROM PASSTHROUGH INVESTMENT**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	5	-57,791.		-57,791.
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	-57,791.		-57,791.

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

1 Compensation of officers, directors, and trustees (Part X)					
2 Salaries and wages					
3 Repairs and maintenance					
4 Bad debts					
5 Interest (attach statement). See instructions					
6 Taxes and licenses					
7 Depreciation (attach Form 4562). See instructions		7			
8 Less depreciation claimed in Part III and elsewhere on return		8a		8b	
9 Depletion					
10 Contributions to deferred compensation plans					
11 Employee benefit programs					
12 Excess exempt expenses (Part VIII)					
13 Excess readership costs (Part IX)					
14 Other deductions (attach statement)					
15 Total deductions. Add lines 1 through 14					0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)					-57,791.
17 Deduction for net operating loss. See instructions					0.
18 Unrelated business taxable income. Subtract line 17 from line 16					-57,791.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
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)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

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

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>	_____
B	<input type="checkbox"/>	_____
C	<input type="checkbox"/>	_____
D	<input type="checkbox"/>	_____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a

3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

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

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
INCOME FROM PASSTHROUGH ENTITY - ORDINARY BUSINESS INCOME (LOSS)	-57,791.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-57,791.