

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491219008108		
Form 990-PF Department of the Treasury Internal Revenue Service		Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its instructions is at <a href="http://www.irs.gov/form990pf">www.irs.gov/form990pf</a> .			OMB No 1545-0052  2017  Open to Public Inspection	
For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017						
Name of foundation WESTWIND FOUNDATION			A Employer identification number 52-6358830			
Number and street (or P O box number if mail is not delivered to street address) C/O WWM 204 EAST HIGH STREET		Room/suite		B Telephone number (see instructions) (434) 977-5762		
City or town, state or province, country, and ZIP or foreign postal code CHARLOTTESVILLE, VA 22902			C If exemption application is pending, check here			
G Check all that apply Initial return Final return Address change			D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation			
H Check type of organization Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation			E If private foundation status was terminated under section 507(b)(1)(A), check here			
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 105,580,331		J Accounting method Cash Other (specify) (Part I, column (d) must be on cash basis )		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here		
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	15,000,000			(d) Disbursements for charitable purposes (cash basis only)
	2	Check if the foundation is not required to attach Sch B				
	3	Interest on savings and temporary cash investments	16	16	16	
	4	Dividends and interest from securities	1,417,106	1,417,106	1,417,106	
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	640,190			
	b	Gross sales price for all assets on line 6a				
	7	Capital gain net income (from Part IV, line 2)		639,264		
	8	Net short-term capital gain			217,249	
	9	Income modifications				
	10a	Gross sales less returns and allowances				
Operating and Administrative Expenses	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	17,057,312	2,056,386	1,634,371	
	13	Compensation of officers, directors, trustees, etc				
	14	Other employee salaries and wages	284,903	192,424	192,424	92,479
	15	Pension plans, employee benefits	49,272	17,973	17,973	31,299
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	5,350	5,350	5,350	
	c	Other professional fees (attach schedule)	64,137	64,137	64,137	
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	100,194	100,194	100,194	
	19	Depreciation (attach schedule) and depletion	278		278	
	20	Occupancy	23,906	5,977	5,977	17,929
	21	Travel, conferences, and meetings	50,067	50,067	50,067	
	22	Printing and publications				
23	Other expenses (attach schedule)	102,545	91,012	102,545		
24	Total operating and administrative expenses. Add lines 13 through 23	680,652	527,134	538,945	141,707	
25	Contributions, gifts, grants paid	4,413,885			4,413,885	
26	Total expenses and disbursements. Add lines 24 and 25	5,094,537	527,134	538,945	4,555,592	
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	11,962,775			
	b	Net investment income (if negative, enter -0-)		1,529,252		
	c	Adjusted net income (if negative, enter -0-)			1,095,426	
For Paperwork Reduction Act Notice, see instructions.			Cat No 11289X		Form 990-PF (2017)	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing . . . . .	11,105,368	286,901	286,902		
	2	Savings and temporary cash investments . . . . .					
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable . . . . .					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .					
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use . . . . .					
	9	Prepaid expenses and deferred charges . . . . .		355	355		
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule) . . . . .	64,529,319	75,392,262	83,328,474		
	c	Investments—corporate bonds (attach schedule) . . . . .		19,534,794	19,478,118		
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12	Investments—mortgage loans . . . . .					
	13	Investments—other (attach schedule) . . . . .					
	14	Land, buildings, and equipment basis ▶ _____ 2,433 Less accumulated depreciation (attach schedule) ▶ _____ 2,018	693	415	200		
15	Other assets (describe ▶ _____)	3,087,288	3,085,712	2,486,282			
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	78,722,668	98,300,439	105,580,331			
Liabilities	17	Accounts payable and accrued expenses . . . . .					
	18	Grants payable . . . . .					
	19	Deferred revenue . . . . .					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule) . . . . .					
	22	Other liabilities (describe ▶ _____)	4,096				
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	4,096	0			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted . . . . .					
	25	Temporarily restricted . . . . .					
	26	Permanently restricted . . . . .					
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds . . . . .	1,015,783	1,015,783			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
29	Retained earnings, accumulated income, endowment, or other funds	77,702,789	97,284,656				
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	78,718,572	98,300,439				
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	78,722,668	98,300,439				

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	78,718,572
2	Enter amount from Part I, line 27a	2	11,962,775
3	Other increases not included in line 2 (itemize) ▶ _____	3	7,619,092
4	Add lines 1, 2, and 3	4	98,300,439
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	98,300,439

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1 a</b> FIDELITY 5488	P		
<b>b</b> FIDELITY 5488	P		
<b>c</b> FIDELITY 5488	P		
<b>d</b> FIDELITY 5488	P		
<b>e</b> FIDELITY 5488	P		

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 2,320,967		2,103,462	217,505
<b>b</b> 14,927,926		14,639,927	287,999
<b>c</b> 11,414		11,670	-256
<b>d</b> 21,424		20,696	728
<b>e</b> 29,472		29,471	1

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			217,505
<b>b</b>			287,999
<b>c</b>			-256
<b>d</b>			728
<b>e</b>			1

<b>2</b> Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	<b>2</b>	639,264
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		<b>3</b>	217,249

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	4,208,320	73,013,531	0 057638
2015	3,929,934	54,921,780	0 071555
2014	3,957,574	52,346,370	0 075604
2013	3,621,366	52,179,014	0 069403
2012	3,778,575	47,694,997	0 079224

<b>2</b> Total of line 1, column (d)	<b>2</b>	0 353424
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0 070685
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	<b>4</b>	92,986,054
<b>5</b> Multiply line 4 by line 3	<b>5</b>	6,572,719
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	15,293
<b>7</b> Add lines 5 and 6	<b>7</b>	6,588,012
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	4,555,592

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	30,585
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	30,585
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	30,585
<b>6</b>	Credits/Payments		
<b>a</b>	2017 estimated tax payments and 2016 overpayment credited to 2017	<b>6a</b>	15,335
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	27,335
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	<b>8</b>	147
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶	<b>9</b>	3,397
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ▶	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ DC _____		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>WWW.WESTWINDFOUNDATION.ORG</b>	<b>13</b>		
<b>14</b>	The books are in care of <b>CO WESTWIND MANAGEMENT LLC</b> Telephone no <b>(434) 977-5762</b>			

Located at **204 EAST HIGH STREET CHARLOTTESVILLE VA**ZIP+4 **22902**

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>			
<b>16</b>	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country <b>▶</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> <b>1b</b>		
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/> <b>1c</b>		
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
<b>a</b>	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> <b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? <b>4b</b>		<b>No</b>

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

<b>5a</b>	<p>During the year did the foundation pay or incur any amount to</p> <p><b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<b>b</b>	<p>If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> </p>	<b>5b</b>		
<b>c</b>	<p>If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i></p>			
<b>6a</b>	<p>Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<b>b</b>	<p>Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>If "Yes" to 6b, file Form 8870</i></p>	<b>6b</b>		<b>No</b>
<b>7a</b>	<p>At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<b>b</b>	<p>If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<b>7b</b>		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JANET MILLER ROSEMONT FARM CHARLOTTESVILLE, VA 22903	TRUSTEE 30 00	0	0	0
EDWARD M MILLER ROSEMONT FARM CHARLOTTESVILLE, VA 22903	TRUSTEE 20 00	0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

**Total** number of other employees paid over \$50,000. . . . . ►**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Total** number of others receiving over \$50,000 for professional services. . . . . ►**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b> N/A	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	

**Total.** Add lines 1 through 3. . . . . ►

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	90,759,533
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	1,202,490
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	2,440,062
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	94,402,085
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	94,402,085
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	1,416,031
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	92,986,054
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	4,649,303

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	4,649,303
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	30,585
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	30,585
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	4,618,718
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	4,618,718
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	4,618,718

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	4,555,592
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	4,555,592
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	4,555,592

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				4,618,718
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .	1,417,821			
<b>b</b> From 2013. . . . .	1,019,403			
<b>c</b> From 2014. . . . .	1,328,107			
<b>d</b> From 2015. . . . .	1,195,698			
<b>e</b> From 2016. . . . .	569,288			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	5,530,317			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>4,555,592</u>				
<b>a</b> Applied to 2016, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2017 distributable amount. . . . .				4,555,592
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )	63,126			63,126
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,467,191			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .	1,354,695			
<b>9</b> <b>Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .	4,112,496			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .	1,019,403			
<b>b</b> Excess from 2014. . . . .	1,328,107			
<b>c</b> Excess from 2015. . . . .	1,195,698			
<b>d</b> Excess from 2016. . . . .	569,288			
<b>e</b> Excess from 2017. . . . .				

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)Form **990-PF** (2017)

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			<b>▶ 3a</b>	4,413,885
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	

Enter gross amounts unless otherwise indicated

Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
<b>g</b> Fees and contracts from government agencies				
<b>2</b> Membership dues and assessments. . . .				
<b>3</b> Interest on savings and temporary cash investments . . . . .				
		14	16	
<b>4</b> Dividends and interest from securities. . . .				
		14	1,417,106	
<b>5</b> Net rental income or (loss) from real estate				
a Debt-financed property. . . . .				
b Not debt-financed property. . . . .				
<b>6</b> Net rental income or (loss) from personal property				
<b>7</b> Other investment income. . . . .				
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .				
		14	639,264	926
<b>9</b> Net income or (loss) from special events				
<b>10</b> Gross profit or (loss) from sales of inventory				
<b>11</b> Other revenue a _____				
b _____				
c _____				
d _____				
e _____				
<b>12</b> Subtotal Add columns (b), (d), and (e). . .				
			2,056,386	926
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .				
			2,057,312	

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	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.	***** 2018-08-15 *****	May the IRS discuss this return with the preparer shown below? (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MATTHEW A MCLEAREN		2018-08-06		P00812279
	Firm's name <b>▶</b> ROBINSON FARMER COX ASSOCIATES				Firm's EIN <b>▶</b> 54-1896113
	Firm's address <b>▶</b> 530 WESTFIELD RD CHARLOTTESVILLE, VA 229011726				Phone no (434) 973-8314

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ANSWER41 GORDON ROAD SUITE C PISCATAWAY, NJ 08854	NONE		TO FUND OPERATING NEEDS	256,000
APPALACHIAN VOICES 171 GRAND BOULEVARD BOONE, NC 28607	NONE		TO FUND OPERATING NEEDS	95,000
CATHOLICS FOR CHOICE 1436 U ST NW SUITE 301 WASHINGTON, DC 20009	NONE		TO FUND OPERATING NEEDS	60,000
CENTER FOR INTERNATIONAL ENV LAW 1350 CONNECTICUT AVE NW WASHINGTON, DC 20036	NONE		TO FUND OPERATING NEEDS	40,000
CENTER FOR REPRODUCTIVE RIGHTS 199 WATER STREET 22ND FL NEW YORK, NY 10038	NONE		TO FUND OPERATING NEEDS	125,000
<b>Total . . . . .</b> ▶ <b>3a</b>				4,413,885

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CERES99 CHAUNCY ST 6TH FLOOR BOSTON, MA 02111	NONE		TO FUND OPERATING NEEDS	75,000
CHESAPEAKE CLIMATE ACTION NETWORK PO BOX 11138 TACOMA PARK, MD 20912	NONE		TO FUND OPERATING NEEDS	95,000
COASTAL MOUNTAINS LAND TRUST 101 MOUNT BATTIE STREET CAMDEN, ME 04843	NONE		TO FUND OPERATING NEEDS	2,000
CONSERVATION LAW FOUNDATION 62 SUMMER STREET BOSTON, MA 02110	NONE		TO FUND OPERATING NEEDS	45,000
DKT INTERNATIONAL 1701 K STREET NW STE 201 WASHINGTON, DC 20006	NONE		TO FUND OPERATING NEEDS	20,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,413,885

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FEMINIST MAJORITY FOUNDATION 1600 WILSON BLVD STE 801 ARLINGTON, VA 22209	NONE		TO FUND OPERATING NEEDS	40,000
EARTHJUSTICE50 CALIFORNIA ST STE 500 SAN FRANCISCO, CA 94111	NONE		TO FUND OPERATING NEEDS	25,000
FUNDERS NETWORK OF POP REP H AND R PO BOX 750 ROCKVILLE, MD 20848	NONE		TO FUND OPERATING NEEDS	14,800
GASP2320 HIGHLAND AVE S STE 270 BIRMINGHAM, AL 35205	NONE		TO FUND OPERATING NEEDS	20,000
GLOBAL DOCTORS FOR CHOICE 1430 BROADWAY STE 1614 NEW YORK, NY 10018	NONE		TO FUND OPERATING NEEDS	20,000
<b>Total . . . . .</b> ► <b>3a</b>				4,413,885



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GLOBAL GREENGRANTS FUND 2840 WILDERNESS PLACE BOULDER, CO 80301	NONE		TO FUND OPERATING NEEDS	25,000
GREENPEACE FUND INC 702 H STREET NW STE 300 WASHINGTON, DC 20001	NONE		TO FUND OPERATING NEEDS	50,000
GROUNDSWELL FUNDPO BOX 71642 OAKLAND, CA 94612	NONE		TO FUND OPERATING NEEDS	30,000
INTL PLANNED PARENTHOOD FEDWH REG 125 MAIDEN LANE 9TH FLR NEW YORK, NY 10038	NONE		TO FUND OPERATING NEEDS	175,000
IPASPO BOX 9990 CHAPEL HILL, NC 27515	NONE		TO FUND OPERATING NEEDS	75,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,413,885

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MOTHERS OUT FRONT30 BOW STREET CAMBRIDGE, MA 02138	NONE		TO FUND OPERATING NEEDS	15,000
NARAL PRO CHOICE VIRGINIA FOUNDATIO PO BOX 1204 ALEXANDRIA, VA 22313	NONE		TO FUND OPERATING NEEDS	15,000
NATURAL RESOURCE DEFENSE COUNCIL 48 WEST 20TH STR 11 FLR NEW YORK, NY 10011	NONE		TO FUND OPERATING NEEDS	25,000
NEW VENTURE FUND - FOSSIL FUEL 1201 CONNECTICUT AVE NW WASHINGTON, DC 20036	NONE		TO FUND OPERATING NEEDS	50,000
OCEAN CONSERVANCY 1300 19TH STREET NW WASHINGTON, DC 20036	NONE		TO FUND OPERATING NEEDS	130,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,413,885

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PHYSICIANS FOR REPRODUCTIVE CHOICE 1430 BROADWAY STE 1614 NEW YORK, NY 10018	NONE		TO FUND OPERATING COSTS	35,000
PLANNED PARENTHOOD FED OF AMER 123 WILLIAM STREET NEW YORK, NY 10038	NONE		TO FUND OPERATING NEEDS	40,000
PLANNED PARENTHOOD LGE OF MASS 1055 COMMONWEALTH AVENUE BOSTON, MA 02215	NONE		TO FUND OPERATING NEEDS	20,000
SEXUALITY INFO & EDUC COUNCIL OF US 1012 14TH ST NW STE 1108 WASHINGTON, DC 20005	NONE		TO FUND OPERATING NEEDS	50,000
SMALL DISCRETIONARY GRANTS--VARIOUS 232 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	NONE		TO FUND OPERATING NEEDS	4,114
<b>Total . . . . . ►</b> <b>3a</b>				4,413,885

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SC COASTAL CONSERVATION LEAGUE PO BOX 1765 CHARLESTON, SC 29402	NONE		TO FUND OPERATING NEEDS	35,000
SOUTHERN ALLIANCE CLEAN ENERGY PO BOX 1842 KNOXVILLE, TN 37901	NONE		TO FUND OPERATING NEEDS	100,000
SELC201 W MAIN STREET STE14 CHARLOTTESVILLE, VA 23902	NONE		TO FUND OPERATING NEEDS	250,000
RH REALITY CHECK (REWIRE) 7315 WISCONSIN AVE STE 400 BETHESDA, MD 20814	NONE		TO FUND OPERATING NEEDS	25,000
RIVANNA CONSERVATION ALLIANCE PO BOX 1503 CHARLOTTESVILLE, VA 22902	NONE		TO FUND OPERATING NEEDS	1,000
<b>Total . . . . .</b> ► <b>3a</b>				4,413,885

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
STAND1 HAIGHT STREET SAN FRANCISCO, CA 94102	NONE		TO FUND OPERATING NEEDS	90,000
TENNESSEE CLEAN WATER NETWORK PO BOX 1521 KNOXVILLE, TN 379011521	NONE		TO FUND OPERATING NEEDS	25,000
THE SIERRA CLUB FOUNDATION 2101 WEBSTER ST OAKLAND, CA 94612	NONE		TO FUND OPERATING NEEDS	25,000
TRUSTEES FOR ALASKA 1026 W 4TH AVE STE 201 ANCHORAGE, AK 99501	NONE		TO FUND OPERATING NEEDS	50,000
UN FOUNDATION 1750 PENN AVE NW STE 300 WASHINGTON, DC 20006	NONE		TO FUND OPERATING NEEDS	50,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,413,885

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VIRGINIA ORGANIZING 703 CONCORD AVENUE CHARLOTTESVILLE, VA 22903	NONE		TO FUND OPERATING NEEDS	60,000
WETLANDS WATCHPO BOX 9335 NORFOLK, VA 23505	NONE		TO FUND OPERATING COSTS	30,000
INTERNET SEXUALITY INFO SERVICES 409 13TH ST FL 14 OAKLAND, CA 94612	NONE		TO FUND OPERATING NEEDS	35,850
BIG BROTHERS BIG SISTERS 225 N HIGH STREET 3 HARRISONBURG, VA 22802	NONE		TO FUND OPERATING NEEDS	1,000
BOSTON SYMPHONY ORCHESTRA 301 MASACHUSETTS AVE BOSTON, MA 02115	NONE		TO FUND OPERATING NEEDS	910
<b>Total . . . . . ▶</b> <b>3a</b>				4,413,885

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOYSGIRLS CLUB OF CHARALB PO BOX 707 CHARLOTTESVILLE, VA 22902	NONE		TO FUND OPERATING NEEDS	30,825
BUILDING GOODNESS FOUNDATION PO BOX 4325 CHARLOTTESVILLE, VA 22905	NONE		TO FUND OPERATING NEEDS	5,000
CENTER FOR NONPROFIT EXCELLENCE 1701A ALLIED STREET CHARLOTTESVILLE, VA 22903	NONE		TO FUND OPERATING NEEDS	2,500
CENTRAL PARK CONSERVANCY 14 EAST 60TH STREET NEW YORK, NY 10022	NONE		TO FUND OPERATING NEEDS	1,000
CHARLOTTESVILLE AREA COMM FNDN PO BOX 1767 CHARLOTTESVILLE, VA 22902	NONE		TO FUND OPERATING NEEDS	2,500
<b>Total . . . . . ▶</b> <b>3a</b>				4,413,885


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHARLOTTESVILLE FREE CLINIC 1138 ROSE HILL DR STE200 CHARLOTTESVILLE, VA 22903	NONE		TO FUND OPERATING NEEDS	2,000
CLEAN ENERGY ACTIONPO BOX 1399 BOULDER, CO 80306	NONE		TO FUND OPERATING NEEDS	1,000
COMMUNITY INVESTMENT COLLABORATIVE PO BOX 2976 CHARLOTTESVILLE, VA 22902	NONE		TO FUND OPERATING COSTS	2,000
ETHEL WALKER SCHOOL 230 BUSHY HILL ROAD SIMSBURY, CT 06070	NONE		TO FUND OPERATING NEEDS	500
FOCUSED ULTRASOUND FOUNDATION 1230 CEDARS COURT CHARLOTTESVILLE, VA 22903	NONE		TO FUND OPERATING NEEDS	2,000
<b>Total . . . . .</b> ► <b>3a</b>				4,413,885



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GREEN VALE SCHOOL 250 VALENTINES LANE GLEN HEAD, NY 11545	NONE		TO FUND OPERATING NEEDS	500
HOUSATONIC RIVER WALKPO BOX 1018 GREAT BARRINGTON, MA 01230	NONE		TO FUND OPERATING NEEDS	1,000
HURRICANE ISLAND OUTWARD BOUND SCH 75 MECHANIC STREET ROCKLAND, ME 04841	NONE		TO FUND OPERATING NEEDS	16,000
KONBIT SANTECAP HAITIEN HEALTH PS 126 WILLIAM STREET PORTLAND, ME 04103	NONE		TO FUND OPERATING NEEDS	1,000
LEHIGH UNIVERSITY 641 TAYLOR STREET BETHLEHEM, PA 18015	NONE		TO FUND OPERATING NEEDS	17,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,413,885

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LENOX HILL NEIGHBOORHOOD HOUSE 331 EAST 70TH STREET NEW YORK, NY 10021	NONE		TO FUND OPERATING NEEDS	8,000
LOCAL FOOD HUBPO BOX 4647 CHARLOTTESVILLE, VA 22905	NONE		TO FUND OPERATING NEEDS	500
MAINE COAST HERITAGE TRUST 1 BOWDOIN MILL ISLAND TOPSHAM, ME 04086	NONE		TO FUND OPERATING NEEDS	20,000
MAINE ISLAND TRAIL ASSOCIATION 58 FORE STREET BLDG 30 PORTLAND, ME 04101	NONE		TO FUND OPERATING NEEDS	1,000
MIT77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	NONE		TO FUND OPERATING NEEDS	6,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,413,885

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MEMORIAL SLOAN-KETTERING CANCER CTR 1275 YORK AVENUE NEW YORK, NY 10021	NONE		TO FUND OPERATING NEEDS	1,000
MS CARE CENTER AT NYU HOSP JT DIS 301 E 17TH STR SUITE 544 NEW YORK, NY 10003	NONE		TO FUND OPERATING NEEDS	5,000
PARAMOUNT THEATERPO BOX 2309 CHARLOTTESVILLE, VA 22902	NONE		TO FUND OPERATING NEEDS	2,500
PBS FOUNDATION2100 CRYSTAL DRIVE ARLINGTON, VA 22202	NONE		TO FUND OPERATING NEEDS	5,000
PIEDMONT CASAPO BOX 603 CHARLOTTESVILLE, VA 22902	NONE		TO FUND OPERATING NEEDS	2,000
<b>Total . . . . .</b> 				4,413,885

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PINE MANOR COLLEGE 400 HEATH STREET CHESTNUT HILL, MA 02467	NONE		TO FUND OPERATING NEEDS	500
PORTLAND MUSEUM OF ART 7 CONGRESS SQUARE PORTLAND, ME 04101	NONE		TO FUND OPERATING NEEDS	2,000
RACHEL'S NETWORK 1200 18TH ST NW STE 910 WASHINGTON, DC 20036	NONE		TO FUND OPERATING NEEDS	16,915
RENNSELAER ALUMNI ASSOCIATION 110 8TH STREET TROY, NY 12180	NONE		TO FUND OPERATING NEEDS	500
ROCKING THE BOAT 812 EDGEWATER ROAD BRONX, NY 10474	NONE		TO FUND OPERATING NEEDS	2,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,413,885

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RON BROWN SCHOLAR FUND 1160 PEPSI PLACE ST 206 CHARLOTTESVILLE, VA 22901	NONE		TO FUND OPERATING NEEDS	500
SPECIAL OLYMPICS MAINE 125 JOHN ROBERTS ROAD PORTLAND, ME 04106	NONE		TO FUND OPERATING NEEDS	2,000
SQUASHBUSTERS 795 COLUMBUS AVENUE ROXBURY CROSSING, MA 02120	NONE		TO FUND OPERATING NEEDS	1,000
TABOR ACADEMYALUMNI HOUSE MARION, MA 02738	NONE		TO FUND OPERATING NEEDS	5,000
TANZANIAN CHILDREN'S FUND PO BOX 382006 CAMBRIDGE, MA 02238	NONE		TO FUND OPERATING NEEDS	1,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,413,885

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TEXAS A&M UNIVERSITY 505 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	NONE		TO FUND OPERATING NEEDS	1,000
THE COMPASS PROJECT 170 ANDERSON STREET PORTLAND, ME 04103	NONE		TO FUND OPERATING NEEDS	1,000
THE HEALTH WAGON 163 NUMBER TEN STREET CLINCHCO, VA 24226	NONE		TO FUND OPERATING NEEDS	1,000
THE HILL SCHOOL 717 EAST HIGH STREET POTTSTOWN, PA 19464	NONE		TO FUND OPERATING NEEDS	1,000
THE MUNICIPAL BAND OF CVILLE INC 1119 5TH STR SW SUITE B CHARLOTTESVILLE, VA 22892	NONE		TO FUND OPERATING NEEDS	1,500
<b>Total . . . . . ►</b> <b>3a</b>				4,413,885

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE WOMEN'S INITIATIVE 1101 E HIGH STREET CHARLOTTESVILLE, VA 22902	NONE		TO FUND OPERATING NEEDS	2,000
THOMAS JEFFERSON FOUNDATION PO BOX 217 CHARLOTTESVILLE, VA 22902	NONE		TO FUND OPERATING NEEDS	5,000
TUFTS UNIVERSITY SCHOOL OF MEDICINE 80 GEORGE STREET MEDFORD, MA 02155	NONE		TO FUND OPERATING NEEDS	5,000
UNIVERSITY OF RICHMOND OFFICE ADV MARYLAND HALL CAMPUS DR RICHMOND, VA 23173	NONE		TO FUND OPERATING NEEDS	5,000
UVA MILLER CENTER - PUBLIC AFFAIRS PO BOX 400406 CHARLOTTESVILLE, VA 22904	NONE		TO FUND OPERATING NEEDS	1,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,413,885

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VALLEY CHILDREN'S ADOVOCACY CENTER 1234 E MIDDLEBROOK AVE STAUNTON, VA 24401	NONE		TO FUND OPERATING NEEDS	500
WILLIAMS COLLEGE75 PARK STREET WILLIAMSTOWN, MA 01267	NONE		TO FUND OPERATING FUNDS	1,500
WILLIAMSTOWN THEATRE FESTIVAL PO BOX 517 WILLIAMSTOWN, MA 01267	NONE		TO FUND OPERATING NEEDS	6,000
WOODS HOLE OCEANOGRAPHIC INST MS 40 FENNO HOUSE 225 WOODS HOLE, MA 02543	NONE		TO FUND OPERATING NEEDS	5,000
WVTF PUBLIC RADIO 3520 KINGSBURY LANE ROANOKE, VA 24014	NONE		TO FUND OPERATING NEEDS	5,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,413,885



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST JAMES EPISCOPAL CHURCH 13 FEDERAL STREET BRUNSWICK, ME 04011	NONE		TO PROVIDE OPERATING NEEDS	675
350ORG20 JAY STREET SUITE 732 BROOKLYN, NY 11201	NONE		TO FUND OPERATING NEEDS	65,000
ADVOCATES FOR YOUTH 1325 G ST NW SUITE 980 WASHINGTON, DC 20005	NONE		TO FUND OPERATING NEEDS	1,095,000
ALABAMA RIVER ALLIANCE 2014 6TH AVE N SUITE 200 BIRMINGHAM, AL 35203	NONE		TO FUND OPERATING NEEDS	25,000
AMERICAN CHESTNUT FOUNDATION 50 N MERRIMON AVE ASHEVILLE, NC 28804	NONE		TO FUND OPERATING NEEDS	2,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,413,885

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CONSERVATIVES FOR CLEAN ENERGY 514 DANIELS STREET RALEIGH, NC 27605	NONE		TO FUND OPERATING NEEDS	25,000
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FL OAKLAND, CA 94607	NONE		TO FUND OPERATING NEEDS	120,000
PLANNED PARENTHOOD SOUTH ATLANTIC 2964 HYDRAULIC ROAD CHARLOTTESVILLE, VA 22901	NONE		TO FUND OPERATING NEEDS	30,000
VIRGINIA CONSERVATION NETWORK 409 E MAIN ST STE 201 RICHMOND, VA 23219	NONE		TO FUND OPERATING NEEDS	15,000
MASSACHUSETTS GENERAL55 FRUIT ST BOSTON, MA 02114	NONE		TO FUND OPERATING NEEDS	20,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,413,885

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SHENANDOAH NATIONAL PARK TRUST 414 E MARKET ST STE D CHARLOTTESVILLE, VA 22902	NONE		TO FUND OPERATING NEEDS	5,000
COOK INLET KEEPER 3734 BEN WALTERS LANE HOMER, AK 99603	NONE		TO FUND OPERATING NEEDS	25,000
PUPPIES BEHIND BARS 263 W 38 STREET NEW YORK, NY 10018	NONE		TO FUND OPERAING NEEDS	4,000
METROPOLITAN MUSEUM OF ART 1000 5TH AVENUE NEW YORK, NY 10028	NONE		TO FUND OPERATING NEEDS	1,200
SCARBOROUGH LAND CONSERVATION TRUST PO BOX 1237 SCARBOROUGH, ME 04070	NONE		TO FUND OPERATING NEEDS	450
<b>Total . . . . .</b> ► <b>3a</b>				4,413,885

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SUSAN L CURTIS CHARITABLE FOUND PO BOX 821 PORTLAND, ME 04104	NONE		TO FUND SPECIAL NEEDS	1,500
AMERICARES88 HAMILTON AVENUE STAMFORD, CT 06902	NONE		TO FUND OPERATING NEEDS	1,000
GREATER NE CHAPTER MS SOCIETY 101-A FIRST AVE NO 6 WALTHAM, MA 02541	NONE		TO FUND OPERATING NEEDS	1,000
UVA OFFICE OF TELEMEDICINE 914 EMMET STREET NORTH CHARLOTTESVILLE, VA 22903	NONE		TO FUND OPERATING NEEDS	7,000
ENVIRONMENTAL GRANTMAKERS ASSOC 475 RIVERSIDE DRIVE S960 NEW YORK, NY 10115	NONE		TO FUND OPERATING NEEDS	15,646
<b>Total . . . . .</b> ► <b>3a</b>				4,413,885

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COMMUNITY POWER NETWORK 1115 MASSACHUSETTS AVE NW WASHINGTON, DC 20005	NONE		TO FUND OPERATING NEEDS	20,000
MARIE STOPES INTERNATIONAL MSI-US PO BOX 35528 WASHINGTON, DC 20033	NONE		TO FUND OPERATING NEEDS	275,000
<b>Total . . . . . ▶</b> <b>3a</b>				4,413,885

**TY 2017 Accounting Fees Schedule****Name:** WESTWIND FOUNDATION**EIN:** 52-6358830**Accounting Fees Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING	5,350	5,350	5,350	

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2017 Depreciation Schedule**

**Name:** WESTWIND FOUNDATION  
**EIN:** 52-6358830

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
APPLIE MACBOOK AIR	2015-10-30	1,276	912	200DB	5 0000	146		146	
APPLE MACBOOK AIR	2015-12-09	1,157	828	200DB	5 0000	132		132	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2017 Gain/Loss from Sale of Other Assets Schedule**

**Name:** WESTWIND FOUNDATION

**EIN:** 52-6358830

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
LONG TERM CAPITAL GAIN FROM P/S		PURCHASE	2017-12		926				926	



# TY 2017 Investments Corporate Bonds Schedule

**Name:** WESTWIND FOUNDATION

**EIN:** 52-6358830

## Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	19,534,794	19,478,118

**TY 2017 Investments Corporate Stock Schedule****Name:** WESTWIND FOUNDATION**EIN:** 52-6358830

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
VIRGINIA NATIONAL BANK	84,000	
FIDELITY ACCOUNT 5488	75,308,262	83,328,474

**TY 2017 Land, Etc.  
Schedule****Name:** WESTWIND FOUNDATION**EIN:** 52-6358830

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
APPLE MACBOOK AIR	1,276	1,058	218	100
APPLE MACBOOK AIR	1,157	960	197	100

**TY 2017 Other Assets Schedule****Name:** WESTWIND FOUNDATION**EIN:** 52-6358830**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
PENNELL VENTURE PARTNERS	9,646	9,627	9,627
TALL OAKS	33,469	31,317	31,317
PENNELL VENTURE MARATHON	44,173	44,768	44,768
FOLGER HILL PARTNERS	3,000,000	3,000,000	2,400,570

**TY 2017 Other Expenses Schedule****Name:** WESTWIND FOUNDATION**EIN:** 52-6358830**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
ONLINE SERVICES	1,767	1,767	1,767	
EXCHANGE FEES AND DATA SERVIC	29,220	29,220	29,220	
DATA MANAGEMENT	2,182	2,182	2,182	
POSTAGE COURIER	979	979	979	
BUSINESS GIFTS	2,486		2,486	
COMPUTER EQUIPMENT	2,606	2,606	2,606	
UTILITIES	8,248	8,248	8,248	
SUBSCRIPTIONS	6,781	6,781	6,781	
PARKING	3,472		3,472	

**Other Expenses Schedule**

<b>Description</b>	<b>Revenue and Expenses per Books</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PUBLICATIONS	10	10	10	
OFFICE SUPPLIES	3,157	3,157	3,157	
RHR OTHER	32,779	32,779	32,779	
BANK CHARGES	1,129	1,129	1,129	
EVENT HOSTING	1,170	1,170	1,170	
MEALS AND ENTERTAINMENT	5,575		5,575	
FLOW THROUGH LOSSES FROM PART	984	984	984	

**TY 2017 Other Increases Schedule**

**Name:** WESTWIND FOUNDATION  
**EIN:** 52-6358830

Description	Amount
UNREALIZED APPRECIATION	7,619,092

**TY 2017 Other Liabilities Schedule****Name:** WESTWIND FOUNDATION**EIN:** 52-6358830

Description	Beginning of Year - Book Value	End of Year - Book Value
PAYROLL TAXES	4,096	



**TY 2017 Other Professional Fees Schedule****Name:** WESTWIND FOUNDATION**EIN:** 52-6358830

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PAYROLL SERVICE FEES	2,280	2,280	2,280	
401(K) PLAN ADMINISTRATION	750	750	750	
CONSULTING	9,281	9,281	9,281	
INVESTMENT FEES	45,981	45,981	45,981	
ACCOUNT FEES	695	695	695	
PROFESSIONAL SOCIETY DUES	5,150	5,150	5,150	

**TY 2017 Taxes Schedule****Name:** WESTWIND FOUNDATION**EIN:** 52-6358830

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FOREIGN TAXES PAID	73,549	73,549	73,549	
INCOME TAXES	26,645	26,645	26,645	

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)  Department of the Treasury Internal Revenue Service	<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>	OMB No 1545-0047  <b>2017</b>
	<b>Name of the organization</b> WESTWIND FOUNDATION	<b>Employer identification number</b> 52-6358830

Organization type (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 other 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<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> WESTWIND FOUNDATION	<b>Employer identification number</b> 52-6358830
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<b>Part I</b> <b>Contributors</b> (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	WESTWIND FOUNDATION HOLDINGS LTD	\$ 15,000,000	Person <input checked="" type="checkbox"/>
	204 EAST HIGH STREET		Payroll <input type="checkbox"/>
	CHARLOTTESVILLE, VA 22902		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

**Part II** **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

<b>Name of organization</b> WESTWIND FOUNDATION	<b>Employer identification number</b> 52-6358830
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<b>Part III</b>	<b>Exclusively</b> 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 <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(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	