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Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2008Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public
Inspection**A** For the **2008** calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization UNITED WAY-THOMAS JEFFERSON AREA		D Employer identification number 54-0505882
		Doing Business As		E Telephone number (434) 972-1701
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 806 EAST HIGH STREET		G Gross receipts \$ 3,244,124.
		City or town, state or country, and ZIP + 4 CHARLOTTESVILLE, VA 22902		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ UNITEDWAYTJA.ORG				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1943 M State of legal domicile: VA				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3 69
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 69
	5 Total number of employees (Part V, line 2a)	5 12
	6 Total number of volunteers (estimate if necessary)	6 2797
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,513,991. Current Year 2,942,947.
	9 Program service revenue (Part VIII, line 2g)	18,379.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	176,118. -53,242.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,400. 28,891.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,712,888. 2,918,596.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,453,103. 1,525,757.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	548,862. 654,302.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (B), line 25) ▶ 270,099.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	407,724. 385,585.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,409,689. 2,565,644.
	19 Revenue less expenses. Subtract line 18 from line 12	303,199. 352,952.
	20 Total assets (Part X, line 16)	Beginning of Year 4,373,346. End of Year 4,268,661.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	1,059,117. 1,061,098.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,314,229. 3,207,563.

Part II Signature Block

Sign Here Cathy Smith Train Signature of officer CATHY SMITH TRAIN, PRESIDENT Type or print name and title	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.		
	Date 5/13/10		
Paid Preparer's Use Only Preparer's signature Robert A. J... Firm's name (or yours if self-employed), address, and ZIP + 4 HANTZMON WIEBEL LLP, CPA'S 818 E. JEFFERSON ST., P.O. BOX 1408 CHARLOTTESVILLE, VA 22902	Date 5/13/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00319334
	EIN ▶ 54-0505882 Phone no. ▶ (434) 296-2156		

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

915-17 18

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SERVES COMMUNITY MEMBERS WITH THE GREATEST NEED OR AT THE GREATEST RISK IN WAYS THAT MAKE OUR ENTIRE COMMUNITY A BETTER PLACE TO LIVE FOR THE LONG TERM.

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 exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **408,065.** including grants of \$ **350,987.**) (Revenue \$)
CHILD CARE SCHOLARSHIPS: SINCE 1975, THE UNITED WAY CHILD CARE SCHOLARSHIP PROGRAM HAS HELPED LOW-INCOME WORKING FAMILIES IN CHARLOTTESVILLE, ALBEMARLE AND SURROUNDING COUNTIES MAINTAIN EMPLOYMENT BY OFFERING CHILD CARE SCHOLARSHIPS ON A SLIDING SCALE.

4b (Code:) (Expenses \$ **212,311.** including grants of \$) (Revenue \$)
SMART BEGINNINGS: A COMPREHENSIVE PRIVATE/PUBLIC APPROACH INCLUDING LEADERSHIP FROM COMMUNITY AGENCIES, LOCAL GOVERNMENT, SCHOOLS AND THE FAITH AND BUSINESS COMMUNITY FOCUSED ON CHILDREN GROWING UP HEALTHY AND ARRIVING AT SCHOOL PREPARED TO SUCCEED. ACTIVITIES INCLUDE: SCHOOL READINESS DATA COLLECTION AND ANALYSIS; SEAL OF QUALITY CHILD CARE; AND PROMOTING EARLY LEARNING AND LITERACY READINESS.

4c (Code:) (Expenses \$ **121,954.** including grants of \$ **110,473.**) (Revenue \$)
SANTA FUND: ESTABLISHED IN 1894 BY JAMES H. LINDSEY, FOUNDING PUBLISHER OF THE DAILY PROGRESS, THE SANTA FUND IS AN ANNUAL COLLABORATIVE EFFORT BETWEEN THE DAILY PROGRESS, WINA 1070-AM AND THE UNITED WAY-THOMAS JEFFERSON AREA TO RAISE FUNDS FOR CLOTHING, SHOES, MEDICINE AND OTHER ESSENTIALS FOR NEEDY SCHOOL CHILDREN IN THE FOLLOWING LOCALITIES: CHARLOTTESVILLE, ALBEMARLE, GREENE, FLUVANNA, LOUISA, NELSON, MADISON, ORANGE AND BUCKINGHAM.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **1,450,642.** including grants of \$ **1,064,297.**) (Revenue \$ **28,891.**)

4e Total program service expenses ► \$ **2,192,972.** (Must equal Part IX, Line 25, column (B).)

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>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any accounts where 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>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21; 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>	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 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, questions 3, 4, or 5? <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 questions 24b-24d and complete Schedule K. If "No," go to question 25</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) and 501(c)(4) 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	54	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	12	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		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 provide goods or services in exchange for any quid pro quo contribution of more than \$75?		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		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	69	
1b	Enter the number of voting members that are independent	69	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	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:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
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?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **▶ VA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
THE ORGANIZATION - (434) 972-1701
806 EAST HIGH STREET, CHARLOTTESVILLE, VA 22902

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GUY BABINEAU DIRECTOR	0.50	X						0.	0.	0.
SPENCER BIRDSONG DIRECTOR	0.50	X						0.	0.	0.
LIZA BORCHES DIRECTOR	0.50	X						0.	0.	0.
BILL BRADLEY DIRECTOR	0.50	X						0.	0.	0.
PETER BROOKS DIRECTOR	0.50	X						0.	0.	0.
DICK BROWNLEE DIRECTOR	0.50	X						0.	0.	0.
LISA CANNELL DIRECTOR	0.50	X						0.	0.	0.
JOHN CASTEEN DIRECTOR	0.50	X						0.	0.	0.
MIKE CHINN DIRECTOR	0.50	X						0.	0.	0.
CHRIS CRAYTOR DIRECTOR	0.50	X						0.	0.	0.
MARGERY DANIEL DIRECTOR	0.50	X						0.	0.	0.
MARC DETTMANN DIRECTOR	0.50	X						0.	0.	0.
ALISON DETUNCQ DIRECTOR	0.50	X						0.	0.	0.
BENTON DOWNER DIRECTOR	0.50	X						0.	0.	0.
CHARLES DU BOSE DIRECTOR	0.50	X						0.	0.	0.
PEGGY ECHOLS DIRECTOR	0.50	X						0.	0.	0.
JENNIFER FEIST DIRECTOR	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ADRIAN FELTS DIRECTOR	0.50	X						0.	0.	0.
JIM FERNALD DIRECTOR	0.50	X						0.	0.	0.
MIKE FITZGERALD DIRECTOR	0.50	X						0.	0.	0.
FRANK FRIEDMAN DIRECTOR	0.50	X						0.	0.	0.
JEFF GAFFNEY DIRECTOR	0.50	X						0.	0.	0.
MIKE GARDINER DIRECTOR	0.50	X						0.	0.	0.
PHIL GARLAND DIRECTOR	0.50	X						0.	0.	0.
MARK GILES CHAIR	0.50	X						0.	0.	0.
WHIT GRAVES DIRECTOR	0.50	X						0.	0.	0.
BRAD GROFF DIRECTOR	0.50	X						0.	0.	0.
1b Total								265,344.	0.	51,386.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **1**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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	655,360.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	228,758.7.					
	g Noncash contributions included in lines 1a-1f \$		79,973.					
	h Total. Add lines 1a-1f			2,942,947.				
	Program Service Revenue			Business Code				
		2 a						
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)			125,877.			125,877.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
		(i) Real	(ii) Personal					
	6 a Gross Rents							
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss)			4,800.	4,800.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		146,409.						
	b Less: cost or other basis and sales expenses			325,528.				
	c Gain or (loss)			-179,119.				
	d Net gain or (loss)				-179,119.		-179,119.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
	b Less: direct expenses							
	c Net income or (loss) from fundraising events							
	9 a Gross income from gaming activities. See Part IV, line 19							
	b Less: direct expenses							
	c Net income or (loss) from gaming activities							
	10 a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold								
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue			Business Code					
11 a ADMINISTRATION FEES		900099	24,091.	24,091.				
b								
c								
d All other revenue								
e Total. Add lines 11a-11d			24,091.					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				2,918,596.	28,891.	0.	-53,242.	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	1,174,770.	1,174,770.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	350,987.	350,987.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	329,522.	199,076.	41,062.	89,384.
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	224,629.	158,560.	14,821.	51,248.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,828.	9,319.	1,413.	3,096.
9 Other employee benefits	48,285.	36,589.	3,884.	7,812.
10 Payroll taxes	38,038.	24,336.	3,655.	10,047.
11 Fees for services (non-employees).				
a Management				
b Legal	6,150.	2,432.	1,804.	1,914.
c Accounting	13,806.	5,459.	4,051.	4,296.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	36,417.	2,239.		34,178.
13 Office expenses	6,981.	3,442.	2,288.	1,251.
14 Information technology				
15 Royalties				
16 Occupancy	15,054.	6,788.	3,527.	4,739.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,572.	1,014.	8,390.	8,168.
20 Interest				
21 Payments to affiliates	15,152.	6,068.	4,249.	4,835.
22 Depreciation, depletion, and amortization	20,730.	8,996.	5,100.	6,634.
23 Insurance	7,955.	4,049.	1,360.	2,546.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>SANTA FUND</u>	110,473.	110,473.		
b <u>NONPROFIT EXCELLENCE AW</u>	59,552.	59,552.		
c <u>PRINTING & PUBLICATIONS</u>	28,219.	8,338.	367.	19,514.
d <u>MISCELLANEOUS</u>	20,122.	11,009.	3,014.	6,099.
e <u>POSTAGE</u>	14,187.	3,128.	680.	10,379.
f All other expenses	13,215.	6,348.	2,908.	3,959.
25 Total functional expenses. Add lines 1 through 24f	2,565,644.	2,192,972.	102,573.	270,099.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	482,311.	1	927,148.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	463,866.	3	428,650.
	4 Accounts receivable, net	3,607.	4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		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 basis	740,490.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	205,731.		
		519,222.	10c	534,759.
	11 Investments - publicly traded securities	2,058,205.	11	1,874,853.
	12 Investments - other securities. See Part IV, line 11	846,135.	12	503,251.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,373,346.	16	4,268,661.	
Liabilities	17 Accounts payable and accrued expenses	132,985.	17	136,755.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	926,132.	25	924,343.
	26 Total liabilities. Add lines 17 through 25	1,059,117.	26	1,061,098.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,915,102.	27	2,771,802.
	28 Temporarily restricted net assets	399,127.	28	435,761.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,314,229.	33	3,207,563.
	34 Total liabilities and net assets/fund balances	4,373,346.	34	4,268,661.

Part XI Financial Statements and Reporting1 Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to lines 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY-THOMAS JEFFERSON AREA

Employer identification number

54-0505882

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: (Please check only **one** organization.)

- 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.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 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 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 the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2190803.	2304358.	3212995.	2479902.	2942947.	13131005.
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 - 3	2190803.	2304358.	3212995.	2479902.	2942947.	13131005.
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)						1214268.
6 Public Support. Subtract line 5 from line 4						11916737.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2190803.	2304358.	3212995.	2479902.	2942947.	13131005.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	52,406.	41,159.	110,072.	180,813.	125,877.	510,327.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						13641332.
12 Gross receipts from related activities, etc. (see instructions)					12	113,125.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	87.36 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	87.11 %
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 IV 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 - 2007. 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 IV 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"/>		

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 ☐

Schedule A (Form 990 or 990-EZ) 2008

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY-THOMAS JEFFERSON AREA

Employer identification number

54-0505882

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to 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	2,635,202.				
b Contributions	45,829.				
c Investment earnings or losses	-514,927.				
d Grants or scholarships					
e Other expenditures for facilities and programs	99,431.				
f Administrative expenses					
g End of year balance	2,066,673.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☒ 100.00 %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

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	3a(i)	X
(ii) related organizations	3a(ii)	X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		97,918.		97,918.
b Buildings		510,130.	125,938.	384,192.
c Leasehold improvements				
d Equipment		132,442.	79,793.	52,649.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				534,759.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
SHORT TERM CASH INVESTMENTS	503,251.	END-OF-YEAR MARKET VALUE
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)	503,251.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
DESIGNATIONS PAYABLE	198,082.
PROGRAM GRANTS TO AGENCIES PAYABLE	726,261.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	924,343.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,918,596.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,565,644.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	352,952.
4	Net unrealized gains (losses) on investments	4	-459,618.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-459,618.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-106,666.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,281,112.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-459,618.
b	Donated services and use of facilities	2b	16,600.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	106,650.
e	Add lines 2a through 2d	2e	-336,368.
3	Subtract line 2e from line 1	3	2,617,480.
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 XIV)	4b	301,116.
c	Add lines 4a and 4b	4c	301,116.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	2,918,596.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,387,778.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	16,600.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	106,650.
e	Add lines 2a through 2d	2e	123,250.
3	Subtract line 2e from line 1	3	2,264,528.
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 XIV)	4b	301,116.
c	Add lines 4a and 4b	4c	301,116.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,565,644.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

PART X: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD

(FASB) ISSUED GUIDANCE THAT, WHEN IMPLEMENTED, REQUIRES REPORTING ENTITIES TO UTILIZE DIFFERENT RECOGNITION THRESHOLDS AND MEASUREMENT REQUIREMENTS WHEN COMPARED TO PRIOR TECHNICAL LITERATURE FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS. ON DECEMBER 30, 2008, THE FASB STAFF ISSUED A DEFERRAL OF THE EFFECTIVE DATE OF THIS GUIDANCE. AS DEFERRED, THE UNITED WAY IS NOT REQUIRED TO IMPLEMENT THE PROVISIONS OF THE GUIDANCE UNTIL FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008. AS SUCH, THE UNITED WAY HAS NOT

Part XIV Supplemental Information (continued)

IMPLEMENTED THOSE PROVISIONS IN THE JUNE 30, 2009 FINANCIAL STATEMENTS.

SINCE THE PROVISIONS OF THE NEW GUIDANCE HAVE NOT BEEN IMPLEMENTED IN ACCOUNTING FOR UNCERTAIN TAX POSITIONS, THE UNITED WAY CONTINUES TO UTILIZE ITS PRIOR POLICY OF ACCOUNTING FOR THESE POSITIONS, FOLLOWING ESTABLISHED GUIDANCE ACCOUNTING FOR CONTINGENCIES. UNDER THIS GUIDANCE, DISCLOSURE IS NOT REQUIRED OF A LOSS CONTINGENCY INVOLVING AN UNASSERTED CLAIM OR ASSESSMENT WHEN THERE HAS BEEN NO MANIFESTATION BY A POTENTIAL CLAIMANT OF AN AWARENESS OF A POSSIBLE CLAIM OR ASSESSMENT UNLESS IT IS CONSIDERED PROBABLE THAT A CLAIM WILL BE ASSERTED AND THERE IS A REASONABLE POSSIBILITY THAT THE OUTCOME WILL BE UNFAVORABLE. USING THAT GUIDANCE, AS OF JUNE 30, 2009, THE UNITED WAY HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CONTRIBUTIONS FUNDED BY UNITED WAY MATCH - \$106,650

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONATIONS DESIGNATED FOR OTHER ENTITIES BY DONOR - \$301,116

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

CONTRIBUTIONS FUNDED BY UNITED WAY MATCH - \$106,650

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONATIONS DESIGNATED FOR OTHER ENTITIES BY DONOR - \$301,116

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

Employer identification number
54-0505882

UNITED WAY-THOMAS JEFFERSON AREA

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS/HIV SERVICES 963 2ND ST. S.E. CHARLOTTESVILLE, VA 22902	52-1602516	501(C)3	26,259.	0.			TO SUPPORT PROGRAMS AND SERVICES
AMERICAN RED CROSS 1105 ROSE HILL DRIVE CHARLOTTESVILLE, VA 22903	54-0505958	501(C)3	31,012.	0.			TO SUPPORT PROGRAMS AND SERVICES
ARC OF THE PIEDMONT 509 PARK STREET CHARLOTTESVILLE, VA 22902	54-7040243	501(C)3	56,648.	0.			TO SUPPORT PROGRAMS AND SERVICES
BLUE RIDGE MEDICAL CENTER 4038 THOMAS NELSON HIGHWAY ARRINGTON, VA 22922	54-1222147	501(C)3	56,055.	0.			TO SUPPORT PROGRAMS AND SERVICES
BOYS AND GIRLS CLUB PO BOX 707 CHARLOTTESVILLE, VA 22902	54-1602004	501(C)3	23,790.	0.			TO SUPPORT PROGRAMS AND SERVICES
CAIM PO BOX 3482 CHARLOTTESVILLE, VA 22903	54-1858588	501(C)3	20,931.	0.			TO SUPPORT PROGRAMS AND SERVICES

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

20.
0.

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

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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 non-cash assistance
CHILD CARE SCHOLARSHIP PROGRAM HAS HELPED LOW-INCOME WORKING FAMILIES IN CHARLOTTEVILLE AND ALBEVABLE MAINTAIN EMPLOYMENT BY OFFERING FINANCIAL ASSISTANCE AND PROMOTING QUALITY CHILD	85	350,987.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: ALL AGENCIES AWARDED GRANTS FROM THE UNITED WAY

TJA MUST SUBMIT A SIGNED CONTRACT STATING THE AGENCY WILL USE THE FUNDS

GRANTED WITHIN THE GRANT PERIOD FOR CONTRACTED PURPOSES. THIS CONTRACT IS

SIGNED BY THE CHIEF PROFESSIONAL OFFICER AND THE CHIEF VOLUNTEER OFFICER.

IN ADDITION, ALL AGENCIES RECEIVING A GRANT ARE REQUIRED TO SUBMIT MID-YEAR

AND FINAL REPORTS DETAILING PROGRAM GOALS, ACTIVITIES AND RESULTS RELATIVE

TO THE PROGRAM GRANT THEY WERE AWARDED. AT THE END OF THE GRANT PERIOD,

AGENCIES ARE ALSO REQUIRED TO SUBMIT A SIGNED STATEMENT THAT ALL FUNDS

RECEIVED FROM UNITED WAY WERE EXPENDED DURING THE GRANT PERIOD AND FOR THE

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

Employer identification number
54-0505882

UNITED WAY - THOMAS JEFFERSON AREA

Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CYES 116 WEST JEFFERSON STREET CHARLOTTESVILLE, VA 22901	54-0546000	501(C) 3	50,708.	0.			TO SUPPORT PROGRAMS AND SERVICES
FOOTHILLS 1000 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5182316	501(C) 3	26,086.	0.			TO SUPPORT PROGRAMS AND SERVICES
JABA 674 HILLDALE DRIVE STE 9 CHARLOTTESVILLE, VA 22901	54-0990078	501(C) 3	77,019.	0.			TO SUPPORT PROGRAMS AND SERVICES
JEFFERSON AREA CHIP 617 WEST MAIN STREET, 3RD FLOOR CHARLOTTESVILLE, VA 22903	26-2499048	501(C) 3	58,442.	0.			TO SUPPORT PROGRAMS AND SERVICES
LEGAL AID PO BOX 1156 CHARLOTTESVILLE, VA 22902	54-0884513	501(C) 3	20,529.	0.			TO SUPPORT PROGRAMS AND SERVICES
MACAA 1025 PARK STREET CHARLOTTESVILLE, VA 22902	54-0799964	501(C) 3	54,980.	0.			TO SUPPORT PROGRAMS AND SERVICES
OAR 750 HARRIS STREET STE 207 CHARLOTTESVILLE, VA 22903	23-7382389	501(C) 3	19,478.	0.			TO SUPPORT PROGRAMS AND SERVICES
PIEDMONT CASA PO BOX 603 CHARLOTTESVILLE, VA 22902	54-1704064	501(C) 3	6,235.	0.			TO SUPPORT PROGRAMS AND SERVICES

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

UNITED WAY-THOMAS JEFFERSON AREA

Employer identification number
54-0505882

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY PO BOX 296 CHARLOTTESVILLE, VA 22902	58-0660607	501(C)3	114,654.	0.			TO SUPPORT PROGRAMS AND SERVICES
SARA 1013 LITTLE HIGH ST CHARLOTTESVILLE, VA 22902	54-1118534	501(C)3	6,297.	0.			TO SUPPORT PROGRAMS AND SERVICES
WORKSOURCE ENTERPRISES 1311 CARLTON ROAD CHARLOTTESVILLE, VA 22902	54-0836455	501(C)3	46,361.	0.			TO SUPPORT PROGRAMS AND SERVICES
BUILDING A BRIDGE 310 4TH STREET NE, SUITE 100 CHARLOTTESVILLE, VA 22902	59-3829222	501(C)3	45,000.	0.			TO SUPPORT PROGRAMS AND SERVICES
VIRGINIA INSTITUTE OF AUTISM 1414 WESTWOOD RD CHARLOTTESVILLE, VA 22903	54-1815297	501(C)3	7,128.	0.			TO SUPPORT PROGRAMS AND SERVICES
GAGE ACADEMY OF ART 1501 10TH AVENUE EAST #101 SEATTLE, WA 98102	91-1992583	501(C)3	7,000.	0.			TO SUPPORT PROGRAMS AND SERVICES

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08

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

Schedule I-1 (Form 990) 2008

Part IV Supplemental Information

CONTRACTED PURPOSES.

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: CHILD CARE SCHOLARSHIP PROGRAM HAS HELPED LOW-INCOME WORKING FAMILIES IN CHARLOTTESVILLE AND ALBEMARLE MAINTAIN EMPLOYMENT BY OFFERING FINANCIAL ASSISTANCE AND PROMOTING QUALITY CHILD CARE.

SCHEDULE J-2

(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

 Open to Public
Inspection

 Department of the Treasury
Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

UNITED WAY-THOMAS JEFFERSON AREA

Employer Identification number

54-0505882
Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BILL HANKINS DIRECTOR	0.50	X						0.	0.	0.
CARTER HOERR DIRECTOR	0.50	X						0.	0.	0.
ALLEN HUGHES DIRECTOR	0.50	X						0.	0.	0.
TIMOTHY HULBERT DIRECTOR	0.50	X						0.	0.	0.
JAY JAMES DIRECTOR	0.50	X						0.	0.	0.
ERIC JOHNSON DIRECTOR	0.50	X						0.	0.	0.
P.K. KAMATH DIRECTOR	0.50	X						0.	0.	0.
STEVE KEELER DIRECTOR	0.50	X						0.	0.	0.
BLAIR KELLY DIRECTOR	0.50	X						0.	0.	0.
RANDY KOPORC DIRECTOR	0.50	X						0.	0.	0.
STEVE KROHN DIRECTOR	0.50	X						0.	0.	0.
CHRIS LEE DIRECTOR	0.50	X						0.	0.	0.
VALERIE LONG DIRECTOR	0.50	X						0.	0.	0.
DAVID LOURIE DIRECTOR	0.50	X						0.	0.	0.
ABBY LUNN DIRECTOR	0.50	X						0.	0.	0.
RAY MISHLER DIRECTOR	0.50	X						0.	0.	0.
PAM MORAN DIRECTOR	0.50	X						0.	0.	0.
GARY O'CONNELL DIRECTOR	0.50	X						0.	0.	0.
SUSAN PRINDLE DIRECTOR	0.50	X						0.	0.	0.
JAN PRINGLE DIRECTOR	0.50	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2

(Form 990)

 Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

 Open to Public
Inspection

Name of the Organization

UNITED WAY-THOMAS JEFFERSON AREA

Employer Identification number

54-0505882
Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARY REESE DIRECTOR	0.50	X						0.	0.	0.
JIM RICHARDSON DIRECTOR	0.50	X						0.	0.	0.
WALKER RICHMOND DIRECTOR	0.50	X						0.	0.	0.
JOYCE ROBBINS DIRECTOR	0.50	X						0.	0.	0.
CAROLINE SATIRA DIRECTOR	0.50	X						0.	0.	0.
CAROLYNE SCHUYLER DIRECTOR	0.50	X						0.	0.	0.
GARY SELMECZI DIRECTOR	0.50	X						0.	0.	0.
STEPHEN SMITH DIRECTOR	0.50	X						0.	0.	0.
PHIL SPARKS DIRECTOR	0.50	X						0.	0.	0.
BILL STOKES DIRECTOR	0.50	X						0.	0.	0.
ALAN TAYLOR DIRECTOR	0.50	X						0.	0.	0.
DAVID TOSCANO DIRECTOR	0.50	X						0.	0.	0.
MICHAEL TUBRIDY DIRECTOR	0.50	X						0.	0.	0.
BOB TUCKER, JR. DIRECTOR	0.50	X						0.	0.	0.
DEBORAH VAN EERSEL DIRECTOR	0.50	X						0.	0.	0.
JUAN WADE DIRECTOR	0.50	X						0.	0.	0.
BILL WARDLE DIRECTOR	0.50	X						0.	0.	0.
MIKE WESSON DIRECTOR	0.50	X						0.	0.	0.
LARRY WILSON, JR. DIRECTOR	0.50	X						0.	0.	0.
DEL WOOD DIRECTOR	0.50	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2008

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

UNITED WAY-THOMAS JEFFERSON AREA

Employer Identification number

54-0505882

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
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[illegible]

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

2008

Open to Public
Inspection

Name of the organization

UNITED WAY-THOMAS JEFFERSON AREA

Employer identification number

54-0505882

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	7	79,973	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

	Yes	No
30a		X
31		X
32a	X	
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II

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

Schedule M (Form 990) 2008

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

**SCHEDULE M, LINE 32B: THE ORGANIZATION USES THE SERVICES OF THIRD
PARTY BROKERS TO SELL DONATED PUBLICLY-TRADED STOCK IMMEDIATELY UPON
RECEIPT OF SUCH STOCK.**

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY-THOMAS JEFFERSON AREA

Employer identification number

54-0505882

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

SERVES COMMUNITY MEMBERS WITH THE GREATEST NEED OR AT THE GREATEST RISK
IN WAYS THAT MAKE OUR ENTIRE COMMUNITY A BETTER PLACE TO LIVE FOR THE
LONG TERM.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS INCLUDE: 1) THE RX RELIEF PROJECT, WHICH HELPS UNINSURED
RESIDENTS ACCESS FREE PRESCRIPTION MEDICATIONS; 2) INFORMATION AND
REFERRAL CENTER, WHICH OFFERS FREE, CONFIDENTIAL INFORMATION AND
REFERRALS TO HEALTH AND HUMAN SERVICE PROGRAMS TO LOCAL RESIDENTS; 3)
THE VOLUNTEER CENTER, CONNECTS POTENTIAL VOLUNTEERS WITH NONPROFIT
AGENCIES AND SCHOOLS; 4) THE DAY OF CARING, WHICH IS A DAY OF SERVICE
IN SEPTEMBER PROMOTING VOLUNTEERISM BY CONNECTING LOCAL BUSINESS
EMPLOYEES AND AREA CITIZENS TO NONPROFIT ORGANIZATIONS AND SCHOOLS; AND
5) THE PROGRAM REVIEW AND FUNDING COMMITTEE (PR&FC) WHICH IS COMPOSED
OF VOLUNTEERS WHO ARE REPRESENTATIVE OF THE COMMUNITY AND WHO REVIEW
PROGRAM FUNDING REQUESTS FROM LOCAL NONPROFITS. PRFC MEMBERS MAKES
SITE VISITS, ATTENDS ORAL PRESENTATIONS, AND MAKE SPECIFIC FUNDING
RECOMMENDATIONS TO THE UNITED WAY BOARD FOR PROGRAMS THAT ADDRESS
HEALTH AND HUMAN SERVICE NEEDS.

EXPENSES \$ 1450642. INCLUDING GRANTS OF \$ 1064297. REVENUE \$ 28891.

FORM 990, PART VI, SECTION A, LINE 10: FORM 990 IS INITIALLY REVIEWED BY
THE PRESIDENT, THEN FORWARDED TO THE AUDIT COMMITTEE VIA EMAIL. ONCE THE
AUDIT COMMITTEE HAS APPROVED, THE 990 IS THEN FORWARDED VIA EMAIL TO THE
ENTIRE EXECUTIVE COMMITTEE FOR REVIEW, AND THEN MADE AVAILABLE TO THE BOARD

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY-THOMAS JEFFERSON AREA

Employer identification number

54-0505882

OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED ON AN ANNUAL BASIS BY BOTH THE MEMBERS OF THE BOARD OF DIRECTORS AND EACH STAFF MEMBER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15: THE CHAIR OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE ANNUAL PERFORMANCE AND COMPENSATION EVALUATION OF THE PRESIDENT. THE CHAIR REVIEWS THE PERFORMANCE OF THE PRESIDENT AS RELATED TO THE OBJECTIVES OF THE ORGANIZATION, LEADERSHIP AND MANAGEMENT COMPETENCIES, FISCAL RESPONSIBILITIES, AND OPERATIONAL ACCOUNTABILITIES. THE CHAIR CONFERS WITH OFFICERS OF THE CORPORATION, CONSIDERS COMPARABLE PERFORMANCE AND COMPENSATION DATA, AND ESTABLISHES FUTURE COMPENSATION FOR THE PRESIDENT.

THE PRESIDENT IS RESPONSIBLE FOR THE ANNUAL PERFORMANCE AND COMPENSATION REVIEW OF EMPLOYEES OF THE ORGANIZATION. EMPLOYEES AND THE PRESIDENT DISCUSS THE EMPLOYEE'S PERFORMANCE RELEVANT TO THE NEEDS OF THE ORGANIZATION AND THE POSITION HELD. BASED ON SALARY COMPARABLES, EMPLOYEE PERFORMANCE AND SERVICE TO THE ORGANIZATION, AND LENGTH OF EMPLOYMENT, MERIT INCREASES MAY BE AWARDED BY THE PRESIDENT WITHIN THE ESTABLISHED OPERATIONAL BUDGET.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S 1023 AND 990 ARE MADE AVAILABLE FOR PUBLIC INSPECTION AT THE ORGANIZATION'S OFFICE.

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

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UNITED WAY-THOMAS JEFFERSON AREA

Employer identification number

54-0505882

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, POLICIES AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY REQUEST. THE ANNUAL
AUDIT IS POSTED ON THE ORGANIZATION'S WEB SITE.

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment
 Sequence No 67

UNITED WAY-THOMAS JEFFERSON AREA

FORM 990 PAGE 10

54-0505882

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	18,727.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	18,727.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V**Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%			S/L -			
		%			S/L -			
		%			S/L -			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2008 tax year:

43 Amortization of costs that began before your 2008 tax year**43****44** Total. Add amounts in column (f). See the instructions for where to report**44**

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	UNITED WAY-THOMAS JEFFERSON AREA	54-0505882
	Number, street, and room or suite no. If a P.O. box, see instructions. 806 EAST HIGH STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHARLOTTESVILLE, VA 22902	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

LISA FRAZIER

- The books are in the care of ☒ **806 EAST HIGH STREET - CHARLOTTESVILLE, VA 22902**

Telephone No. ☒ (434) 972-1701

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until MAY 15, 2010
 5 For calendar year , or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009
 6 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period
 7 State in detail why you need the extension

ADDITIONAL TIME IS NEED TO GATHER THE FINANCIAL AND ACCOUNTING INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☒ Robert A. Frazier, CPA Title ☒ **TAXPAYER'S CPA**

Date ☒ 4/8/10

Form 8868 (Rev. 4-2009)