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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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	G Gross receipts \$ 2,587,404.
	806 EAST HIGH STREET		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or country, and ZIP + 4 CHARLOTTESVILLE, VA 22902		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	H(c) Group exemption number
F Name and address of principal officer: CATHY SMITH TRAIN SAME AS C ABOVE		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: UNITEDWAYTJA.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 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 net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	67
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	67
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	2575
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,340,977.	2,272,800.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	123,635.	84,442.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,142.	34,819.
		2,498,754.	2,392,061.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,319,755.	1,472,238.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	705,475.	701,623.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	290,220.	
	17 Other expenses (Part IX, column (A), lines 11a-1d, 11f-1g)	271,328.	241,739.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,296,558.	2,415,600.	
19 Revenue less expenses. Subtract line 18 from line 12	202,196.	-23,539.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,222,787.	5,165,166.
	22 Net assets or fund balances. Subtract line 21 from line 20	979,367.	1,122,902.
	4,243,420.	4,042,264.	

Part II Signature Block

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

Sign Here	Signature of officer <i>Cathy Smith Train</i>	Date 11/15/12
	Type or print name and title CATHY SMITH TRAIN, PRESIDENT	

Paid Preparer Use Only	Print/Type preparer's name ROBERT A. FOSTER	Preparer's signature <i>Robert A Foster, CPA</i>	Date 11/14/12	Check if self-employed <input type="checkbox"/>	PTIN P00319334
	Firm's name HANTZMON WIEBEL LLP, CPA'S	Firm's EIN 54-0618213	Firm's address 818 E. JEFFERSON ST., P.O. BOX 1408 CHARLOTTESVILLE, VA 22902	Phone no (434) 296-2156	

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

SCANNED DEC 14 2012

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

X

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? If "Yes," describe these new services on Schedule O. Yes No X

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 355,107. including grants of \$ 335,891.) (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 \$ 114,724. 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; QUALITY CHILD CARE; EARLY DEVELOPMENTAL SCREENINGS; AND PROMOTING EARLY LEARNING AND LITERACY READINESS.

4c (Code) (Expenses \$ 136,740. including grants of \$ 113,217.) (Revenue \$) SANTA FUND: ESTABLISHED IN 1894 BY JAMES H. LINDSEY, FOUNDRING PUBLISHER OF THE DAILY PROGRESS NEWSPAPER, 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 \$ 1,435,814. including grants of \$ 1,023,130.) (Revenue \$ 34,819.)

4e Total program service expenses 2,042,385.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 36		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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		
	2a 16		
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 (see instructions)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? 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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	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:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
	67		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	67		
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 governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did 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	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, 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	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GUY BABINEAU DIRECTOR	0.50	X					0.	0.	0.	
(2) GLENN BANNAN DIRECTOR	0.50	X					0.	0.	0.	
(3) RUSS BELL DIRECTOR	0.50	X					0.	0.	0.	
(4) SPENCER BIRDSONG DIRECTOR	0.50	X					0.	0.	0.	
(5) LIZA BORCHES DIRECTOR	0.50	X					0.	0.	0.	
(6) BILL BRADLEY DIRECTOR	0.50	X					0.	0.	0.	
(7) PETER BROOKS DIRECTOR	0.50	X					0.	0.	0.	
(8) SUZANNE BROOKS DIRECTOR	0.50	X					0.	0.	0.	
(9) DICK BROWNLEE DIRECTOR	0.50	X					0.	0.	0.	
(10) KING BUTLER DIRECTOR	0.50	X					0.	0.	0.	
(11) LISA CANNELL DIRECTOR	0.50	X					0.	0.	0.	
(12) JOHN CASTEEN DIRECTOR	0.50	X					0.	0.	0.	
(13) MIKE CHINN DIRECTOR	0.50	X					0.	0.	0.	
(14) CAROL CLARKE DIRECTOR	0.50	X					0.	0.	0.	
(15) DEBORAH CONWAY DIRECTOR	0.50	X					0.	0.	0.	
(16) MARGERY DANIEL DIRECTOR	0.50	X					0.	0.	0.	
(17) ALISON DETUNCQ 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHARLES DU BOSE DIRECTOR	0.50	X						0.	0.	0.
(19) BRYAN ELLIOTT DIRECTOR	0.50	X						0.	0.	0.
(20) SASHA FARMER DIRECTOR	0.50	X						0.	0.	0.
(21) ADRIAN FELTS DIRECTOR	0.50	X						0.	0.	0.
(22) DORRIE FONTAINE DIRECTOR	0.50	X						0.	0.	0.
(23) FRANK FRIEDMAN DIRECTOR	0.50	X						0.	0.	0.
(24) RONDI FURGASON DIRECTOR	0.50	X						0.	0.	0.
(25) PHIL GARLAND DIRECTOR	0.50	X						0.	0.	0.
(26) MICHAEL GEISMAR DIRECTOR	0.50	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								276,866.	0.	63,287.
d Total (add lines 1b and 1c)								276,866.	0.	63,287.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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	463,840.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1808960.					
	g Noncash contributions included in lines 1a-1f \$		18,526.					
	h Total. Add lines 1a-1f			2272800.				
	Program Service Revenue	2 a _____ Business Code						
b _____								
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f								
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			127,538.			127,538.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		4,800.						
		b Less: rental expenses	0.					
		c Rental income or (loss)	4,800.					
	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					
		152247.						
		b Less: cost or other basis and sales expenses	195343.					
		c Gain or (loss)	-43096.					
	d Net gain or (loss)			-43,096.			-43,096.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a ADMINISTRATION FEES		900099		30,019.	30,019.			
	b _____							
	c _____							
	d All other revenue							
e Total. Add lines 11a-11d				30,019.				
12 Total revenue. See instructions				2392061.	34,819.	0.	84,442.	

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).

Check if Schedule O contains a response to any question in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,023,130.	1,023,130.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	449,108.	449,108.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	346,525.	200,439.	50,550.	95,536.
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	255,978.	174,297.	8,700.	72,981.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	27,891.	15,354.	3,633.	8,904.
9 Other employee benefits	31,201.	24,688.	180.	6,333.
10 Payroll taxes	40,028.	25,154.	3,532.	11,342.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	14,756.	8,233.	1,328.	5,195.
12 Advertising and promotion	20,078.	6,134.	6.	13,938.
13 Office expenses	11,099.	7,714.	941.	2,444.
14 Information technology				
15 Royalties				
16 Occupancy	12,909.	8,022.	1,380.	3,507.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	33,306.	18,766.	2,173.	12,367.
20 Interest				
21 Payments to affiliates	14,018.	8,827.	1,333.	3,858.
22 Depreciation, depletion, and amortization	22,264.	14,115.	2,093.	6,056.
23 Insurance	6,982.	4,393.	665.	1,924.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PRINTING & PUBLICATION	27,778.	5,077.	275.	22,426.
b SOFTWARE PURCHASE AND M	22,568.	14,629.	2,124.	5,815.
c MISCELLANEOUS	14,581.	8,882.	1,181.	4,518.
d NONPROFIT EXCELLENCE AW	10,710.	10,710.		
e All other expenses	30,690.	14,713.	2,901.	13,076.
25 Total functional expenses. Add lines 1 through 24e	2,415,600.	2,042,385.	82,995.	290,220.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here <input type="checkbox"/> If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	431,543.	1	355,959.
	2 Savings and temporary cash investments	567,189.	2	768,332.
	3 Pledges and grants receivable, net	407,108.	3	497,364.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 703,088.		
	b Less: accumulated depreciation	10b 235,194.	490,158.	10c 467,894.
	11 Investments - publicly traded securities	3,326,789.	11	3,075,617.
	12 Investments - other securities. See Part IV, line 11		12	
	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)		5,222,787.	16	5,165,166.
Liabilities	17 Accounts payable and accrued expenses	124,216.	17	100,453.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	855,151.	25	1,022,449.
	26 Total liabilities. Add lines 17 through 25	979,367.	26	1,122,902.
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	3,821,309.	27	3,615,965.
	28 Temporarily restricted net assets	422,111.	28	426,299.
	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	4,243,420.	33	4,042,264.	
34 Total liabilities and net assets/fund balances	5,222,787.	34	5,165,166.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,392,061.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,415,600.
3	Revenue less expenses. Subtract line 2 from line 1	3	-23,539.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,243,420.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-177,617.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,042,264.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2011)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,479,902.	2,942,947.	2,310,189.	2,340,977.	2,272,800.	12,346,815.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,479,902.	2,942,947.	2,310,189.	2,340,977.	2,272,800.	12,346,815.
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)						431,799.
6 Public support. Subtract line 5 from line 4						11,915,016.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,479,902.	2,942,947.	2,310,189.	2,340,977.	2,272,800.	12,346,815.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	180,813.	125,877.	41,548.	59,395.	127,538.	535,171.
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						12,881,986.
12 Gross receipts from related activities, etc. (see instructions)					12	128,880.

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 2011 (line 6, column (f) divided by line 11, column (f))	14	92.49 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	87.79 %

16a 33 1/3% support test - 2011. 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

b 33 1/3% support test - 2010. 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

17a 10% -facts-and-circumstances test - 2011. 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

b 10% -facts-and-circumstances test - 2010. 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

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

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011
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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input 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):

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

9 In Part 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Escrow and Custodial Arrangements. Complete if the 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:

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

	Amount
1c	
1d	
1e	
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 the 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	3,317,527.	2,746,972.	2,066,673.	2,635,202.	
b Contributions	44,073.	45,602.	467,809.	45,829.	
c Net investment earnings, gains, and losses	-94,103.	668,387.	334,077.	-514,927.	
d Grants or scholarships					
e Other expenditures for facilities and programs	148,780.	143,434.	121,587.	99,431.	
f Administrative expenses					
g End of year balance	3,118,717.	3,317,527.	2,746,972.	2,066,673.	

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

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

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		97,918.		97,918.
b Buildings		510,130.	164,198.	345,932.
c Leasehold improvements				
d Equipment		95,040.	70,996.	24,044.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 467,894.

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶		

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DESIGNATIONS PAYABLE	232,516.
(3) PROGRAM GRANTS TO AGENCIES PAYABLE	734,038.
(4) DEFERRED GRANT REVENUE	55,895.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1,022,449.

2. FIN 48 (ASC 740) Footnote 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 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,392,061.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,415,600.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-23,539.
4	Net unrealized gains (losses) on investments	4	-177,617.
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 through 8	9	-177,617.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-201,156.

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	2,049,253.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-177,617.
b	Donated services and use of facilities	2b	41,900.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	105,769.
e	Add lines 2a through 2d	2e	-29,948.
3	Subtract line 2e from line 1	3	2,079,201.
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	312,860.
c	Add lines 4a and 4b	4c	312,860.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,392,061.

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

1	Total expenses and losses per audited financial statements	1	2,250,409.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	41,900.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	105,769.
e	Add lines 2a through 2d	2e	147,669.
3	Subtract line 2e from line 1	3	2,102,740.
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	312,860.
c	Add lines 4a and 4b	4c	312,860.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,415,600.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE UNITED WAY HAS REVIEWED AND EVALUATED THE RELEVANT

TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH GUIDANCE

ESTABLISHED BY THE FASB AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX

POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS OF

THE ORGANIZATION.

THE FEDERAL INFORMATION RETURNS OF THE UNITED WAY FOR THE YEARS ENDED

AFTER 2007 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE,

Part XIV Supplemental Information (continued)

GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CONTRIBUTIONS FUNDED BY UNITED WAY MATCH- CHILD CARE

SCHOLARSHIPS- \$105,769

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONATIONS DESIGNATED FOR OTHER ENTITIES BY DONOR- \$312,860

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

CONTRIBUTIONS FUNDED BY UNITED WAY MATCH- CHILD CARE

SCHOLARSHIPS- \$105,769

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONATIONS DESIGNATED FOR OTHER ENTITIES BY DONOR- \$312,860

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2011

Open to Public
Inspection

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

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

Name of the organization **UNITED WAY - THOMAS JEFFERSON AREA** Employer identification number **54-0505882**

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" to 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. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS/HIV SERVICES 963 2ND STREET S.E CHARLOTTESVILLE, VA 22902	52-1602516	501(C)3	24,100.	0.			TO SUPPORT PROGRAMS AND SERVICES
AMERICAN RED CROSS 1105 ROSE HILL DRIVE CHARLOTTESVILLE, VA 22903	54-0505958	501(C)3	19,800.	0.			TO SUPPORT PROGRAMS AND SERVICES
ARC OF THE PIEDMONT 509 PARK STREET CHARLOTTESVILLE, VA 22902	54-0740243	501(C)3	51,171.	0.			TO SUPPORT PROGRAMS AND SERVICES
BLUE RIDGE MEDICAL CENTER 4038 THOMAS NELSON HIGHWAY ARRINGTON, VA 22922	54-1222147	501(C)3	45,800.	0.			TO SUPPORT PROGRAMS AND SERVICES
BOYS AND GIRLS CLUB PO BOX 707 CHARLOTTESVILLE, VA 22902	54-1602004	501(C)3	23,200.	0.			TO SUPPORT PROGRAMS AND SERVICES
CHARLOTTESVILLE ABUNDANT LIFE MINISTRIES, INC. - PO BOX 3482 - CHARLOTTESVILLE, VA 22903	54-1858588	501(C)3	20,000.	0.			TO SUPPORT PROGRAMS AND SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **18.**

3 Enter total number of other organizations listed in the line 1 table **0.**

Schedule I (Form 990) (2011)

UNITED WAY - THOMAS JEFFERSON AREA

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		CHILDREN YOUTH AND FAMILY SERVICES 116 WEST JEFFERSON STREET CHARLOTTESVILLE, VA 22901	54-0546000	501(C)3	45,085.	0.			TO SUPPORT PROGRAMS AND SERVICES
		FOOTHILLS CHILD ADVOCACY CENTER 1000 EAST HIGH STREET, SUITE A CHARLOTTESVILLE, VA 22902	20-5182316	501(C)3	22,700.	0.			TO SUPPORT PROGRAMS AND SERVICES
		JEFFERSON AREA BOARD FOR AGING 674 HILDALE DRIVE, SUITE 9 CHARLOTTESVILLE, VA 22901	54-0990078	501(C)3	60,200.	0.			TO SUPPORT PROGRAMS AND SERVICES
		JEFFERSON AREA CHIP 1469 GREENBRIER PLACE CHARLOTTESVILLE, VA 22901	26-2499048	501(C)3	59,644.	0.			TO SUPPORT PROGRAMS AND SERVICES
		LEGAL AID JUSTICE CENTER 617 WEST MAIN STREET, 3RD FLOOR CHARLOTTESVILLE, VA 22903	54-0884513	501(C)3	16,800.	0.			TO SUPPORT PROGRAMS AND SERVICES
		OAR JEFFERSON AREA COMMUNITY CORRECTIONS - 750 HARRIS STREET, SUITE 207 - CHARLOTTESVILLE, VA 22903	23-7382389	501(C)3	19,300.	0.			TO SUPPORT PROGRAMS AND SERVICES
		PIEDMONT CASA PO BOX 603 CHARLOTTESVILLE, VA 22902	54-1704064	501(C)3	6,300.	0.			TO SUPPORT PROGRAMS AND SERVICES
		SALVATION ARMY PO BOX 296 CHARLOTTESVILLE, VA 22902	58-0660607	501(C)3	110,000.	0.			TO SUPPORT PROGRAMS AND SERVICES
		SEXUAL ASSAULT RESOURCE AGENCY PO BOX 1565 CHARLOTTESVILLE, VA 22902	54-1118534	501(C)3	5,800.	0.			TO SUPPORT PROGRAMS AND SERVICES

UNITED WAY - THOMAS JEFFERSON AREA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORKSOURCE ENTERPRISES 1311 CARLTON ROAD CHARLOTTESVILLE, VA 22902	54-0836455	501(C)3	44,100.	0.			TO SUPPORT PROGRAMS AND SERVICES
HABITAT FOR HUMANITY - GREATER CHARLOTTESVILLE - 919 WEST MAIN STREET - CHARLOTTESVILLE, VA 22903	54-1574925	501(C)3	5,000.	0.			TO SUPPORT PROGRAMS AND SERVICES
LITERACY VOLUNTEERS OF AMERICA PO BOX 1156 CHARLOTTESVILLE, VA 22902	35-2220618	501(C)3	5,600.	0.			TO SUPPORT PROGRAMS AND SERVICES

UNITED WAY - THOMAS JEFFERSON AREA

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CHILD CARE SCHOLARSHIP PROGRAM HAS HELPED LOW-INCOME WORKING FAMILIES IN CHARLOTTEVILLE AND ALBEMARLE MAINTAIN EMPLOYMENT BY OFFERING FINANCIAL ASSISTANCE, PAID DIRECTLY TO CHILD CARE THE SANTA FUND PROGRAM PROVIDES VOUCHERS TO NEEDY SCHOOL CHILDREN TO PURCHASE SCHOOL SUPPLIES, CLOTHING, SHOES, AND MEDICINE. CHILDREN ARE SERVED IN THE FOLLOWING LOCALITIES:	104	335,891.	0.		
	1811	113,217.	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

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, PAID DIRECTLY TO CHILD CARE PROVIDER, AND PROMOTING QUALITY CHILD CARE.

(A) TYPE OF GRANT OR ASSISTANCE: THE SANTA FUND PROGRAM PROVIDES VOUCHERS TO NEEDY SCHOOL CHILDREN TO PURCHASE SCHOOL SUPPLIES, CLOTHING, SHOES, AND MEDICINE. CHILDREN ARE SERVED IN THE FOLLOWING LOCALITIES: CHARLOTTESVILLE, ALBEMARLE, GREENE, FLUVANNA, LOUISA, NELSON, MADISON, ORANGE, AND BUCKINGHAM. VENDORS WHO ACCEPT VOUCHERS ARE REIMBURSED BY THE UNITED WAY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

UNITED WAY-THOMAS JEFFERSON AREA

Employer identification number

54-0505882

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2011

Part I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CATHY SMITH TRAIN	(i) 124,886.	(ii) 0.	(iii) 0.	12,489.	13,233.	150,608.	0.
2	(i) 0.	(ii) 0.	(iii) 0.		0.	0.	0.
3	(i)	(ii)	(iii)				
4	(i)	(ii)	(iii)				
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

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:

THE RX RELIEF PROJECT, WHICH HELPS UNINSURED ADULTS ACCESS FREE
PRESCRIPTION MEDICATIONS.

THE INFORMATION AND REFERRAL CENTER, WHICH OFFERS FREE, CONFIDENTIAL
INFORMATION AND REFERRALS TO HEALTH AND HUMAN SERVICE PROGRAMS.

THE INSURANCE FOR CHILDREN PROJECT, WHICH PROVIDES OUTREACH AND
ENROLLMENT ASSISTANCE TO HELP UNINSURED CHILDREN RECEIVE HEALTH
COVERAGE.

THE THOMAS JEFFERSON AREA EITC COALITION, WHICH PROVIDES OUTREACH AND
FREE TAX PREPARATION IN PARTNERSHIP WITH THE IRS VITA (VOLUNTEER INCOME
TAX ASSISTANCE) PROGRAM.

THE VOLUNTEER CENTER, WHICH CONNECTS POTENTIAL VOLUNTEERS WITH
NONPROFIT AGENCIES AND SCHOOLS.

THE DAY OF CARING, A DAY OF SERVICE IN SEPTEMBER, PROMOTING

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization UNITED WAY-THOMAS JEFFERSON AREA	Employer identification number 54-0505882
--	--

VOLUNTEERISM BY CONNECTING BUSINESSES, CIVIC GROUPS AND AREA CITIZENS
TO NONPROFIT ORGANIZATIONS AND SCHOOLS.

THE UNITED WAY AWARDS OF EXCELLENCE, WHICH RECOGNIZE AND CELEBRATE BOTH
AN EXEMPLARY NONPROFIT LEADER AND A BOARD OF DIRECTORS WHO EXCEL IN
THEIR LEADERSHIP AND SERVICE.

WOMEN UNITED IN PHILANTHROPY, WHICH MAXIMIZES WOMEN'S LEADERSHIP IN
PHILANTHROPY BY ENGAGING AND EDUCATING ITS MEMBERSHIP, INCREASING
CHARITABLE CONTRIBUTIONS, AND STRENGTHENING OUR COMMUNITY THROUGH THE
IMPACT OF COLLECTIVE GIVING TO SUPPORT HUMAN SERVICES.

THE INITIATIVE FOR EFFECTIVE NONPROFITS, IN COLLABORATION WITH THE
WARDLE FAMILY FOUNDATION, PROVIDES RESOURCES TO STRENGTHEN THE
GOVERNANCE AND MANAGEMENT OF NONPROFIT ORGANIZATIONS.

EXPENSES \$ 1,435,814. INCLUDING GRANTS OF \$ 1,023,130. REVENUE \$ 34,819

FORM 990, PART VI, SECTION A, LINE 4: DURING 2010 AND 2011, A GOVERNANCE
TASK FORCE OF THE UNITED WAY BOARD OF DIRECTORS UPDATED THE ORGANIZATION'S
BYLAWS, ARTICLES OF INCORPORATION, CODE OF ETHICS, WHISTLEBLOWER POLICY,
ENDOWMENT AND SANTA FUND RESOLUTIONS, ENDOWMENT INVESTMENT POLICY, AND A
NUMBER OF OPERATIONAL POLICIES AND PROCEDURES. THIS REVIEW AND UPDATE WAS
UNDERTAKEN FOR CLARITY AND TO ENSURE THAT ALL DOCUMENTS REFLECTED CURRENT
OPERATIONS AND BEST PRACTICES.

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

Name of the organization

UNITED WAY-THOMAS JEFFERSON AREA

Employer identification number

54-0505882

ENTIRE EXECUTIVE COMMITTEE FOR REVIEW, AND THEN MADE AVAILABLE TO THE BOARD 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 FORMS 1023 AND 990 ARE MADE AVAILABLE FOR PUBLIC INSPECTION AT THE ORGANIZATION'S OFFICE.

Name of the organization UNITED WAY-THOMAS JEFFERSON AREA	Employer identification number 54-0505882
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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.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED LOSSES ON INVESTMENTS: -177,617.

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			
(27) MARK GILES DIRECTOR	0.50	X						0.	0.	0.
(28) DAN GOODALL DIRECTOR	0.50	X						0.	0.	0.
(29) WHIT GRAVES DIRECTOR	0.50	X						0.	0.	0.
(30) FRED GREER DIRECTOR	0.50	X						0.	0.	0.
(31) BRAD GROFF DIRECTOR	0.50	X						0.	0.	0.
(32) MICHAEL GUTHRIE DIRECTOR	0.50	X						0.	0.	0.
(33) BRAD HAWS DIRECTOR	0.50	X						0.	0.	0.
(34) ALLEN HUGHES DIRECTOR	0.50	X						0.	0.	0.
(35) AMY HUGHES DIRECTOR	0.50	X						0.	0.	0.
(36) TIM HULBERT DIRECTOR	0.50	X						0.	0.	0.
(37) BARBARA HUTCHINSON DIRECTOR	0.50	X						0.	0.	0.
(38) ERIC JOHNSON DIRECTOR	0.50	X						0.	0.	0.
(39) PK KAMATH DIRECTOR	0.50	X						0.	0.	0.
(40) ERIC KEATHLEY DIRECTOR	0.50	X						0.	0.	0.
(41) BILL KEHOE DIRECTOR	0.50	X						0.	0.	0.
(42) BLAIR KELLY DIRECTOR	0.50	X						0.	0.	0.
(43) JIM KENNAN DIRECTOR	0.50	X						0.	0.	0.
(44) STEVE KROHN DIRECTOR	0.50	X						0.	0.	0.
(45) CHRIS LAING DIRECTOR	0.50	X						0.	0.	0.
(46) CHRIS LEE DIRECTOR	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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			
(47) DON LONG DIRECTOR	0.50	X					0.	0.	0.	
(48) ABBY LUNN DIRECTOR	0.50	X					0.	0.	0.	
(49) GARY MCGEE DIRECTOR	0.50	X					0.	0.	0.	
(50) GARY O'CONNELL DIRECTOR	0.50	X					0.	0.	0.	
(51) SUSAN MCLEOD PRINDLE DIRECTOR	0.50	X					0.	0.	0.	
(52) BRAD RAMSEY DIRECTOR	0.50	X					0.	0.	0.	
(53) SCOTT REED DIRECTOR	0.50	X					0.	0.	0.	
(54) JIM RICHARDSON DIRECTOR	0.50	X					0.	0.	0.	
(55) JOYCE ROBBINS DIRECTOR	0.50	X					0.	0.	0.	
(56) JIM SHANNON DIRECTOR	0.50	X					0.	0.	0.	
(57) PHIL SPARKS DIRECTOR	0.50	X					0.	0.	0.	
(58) DAVE STEBBINS DIRECTOR	0.50	X					0.	0.	0.	
(59) MARGO SZELIGA DIRECTOR	0.50	X					0.	0.	0.	
(60) BRYAN THOMAS DIRECTOR	0.50	X					0.	0.	0.	
(61) DAVID TOSCANO DIRECTOR	0.50	X					0.	0.	0.	
(62) MIKE TUBRIDY DIRECTOR	0.50	X					0.	0.	0.	
(63) DEBORAH VAN EERSEL DIRECTOR	0.50	X					0.	0.	0.	
(64) JUAN WADE DIRECTOR	0.50	X					0.	0.	0.	
(65) BILL WARDLE DIRECTOR	0.50	X					0.	0.	0.	
(66) MIKE WESSON DIRECTOR	0.50	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

Depreciation and Amortization 990
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

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 instructions)	500,000.
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	

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	
9	Tentative deduction. Enter the smaller of line 5 or line 8	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	
13	Carryover of disallowed deduction to 2012. 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 allowance for qualified property (other than listed property) placed in service during the tax year	
15	Property subject to section 168(f)(1) election	
16	Other depreciation (including ACRS)	22,264.

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 2011	
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 <input type="checkbox"/>	

Section B - Assets Placed in Service During 2011 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 2011 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 22,264.
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, 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
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	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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?												
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.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
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
42 Amortization of costs that begins during your 2011 tax year:					
43 Amortization of costs that began before your 2011 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44