

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)

2002

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 2002 calendar year, or tax year beginning JULY 01, 2002, and ending JUNE 30, 2003

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization: Trident United Way, Inc.
Number and street (or P.O. box if mail is not delivered to street address): PO Box 63305
City or town, state or country, and ZIP + 4: North Charleston SC 29419-3305

D Employer identification number: 57-0314378
E Telephone number: (843) 740-9000
F Acctg method: Cash [X] Accrual [] Other (specify) []

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H & I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes [] No [X]
H(b) If Yes, enter number of affiliates:
H(c) Are all affiliates included? Yes [] No []
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No [X]

G Web site

J Organization type (check only one) [X] 501(c)(3) (insert no.) 4947(a)(1) or [] 527

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

M Check [] if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 8,047,963

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions)

SCANNED DEC 01 2003

Table with 21 rows and 4 columns: Line number, Description, Sub-line, Amount. Includes revenue from contributions, program services, and expenses for Trident United Way, Inc.

For Paperwork Reduction Act Notice, see the separate instructions

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 15 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) #1 (cash \$ _____ noncash \$ _____)	22 4,856,047	4,856,047		
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25			
26 Other salaries and wages	26 1,095,803	686,595	61,921	347,287
27 Pension plan contributions	27			
28 Other employee benefits	28 273,761	148,589	55,513	69,659
29 Payroll taxes	29 84,227	51,724	4,342	28,161
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 104,960	55,072	14,682	35,206
34 Telephone	34 42,261	31,575	5,332	5,354
35 Postage and shipping	35 19,269	7,675	5,524	6,070
36 Occupancy	36 45,520	41,625	395	3,500
37 Equipment rental and maintenance	37 6,906	584	6,036	286
38 Printing and publications	38 90,300	42,647	19,943	27,710
39 Travel	39 30,768	11,763	6,887	12,118
40 Conferences, conventions, and meetings	40 76,159	26,031	14,337	35,791
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule) #2	42 108,186	65,653	11,155	31,378
43 Other expenses not covered above (itemize) a _____	43a			
b Media	43b 63,137	49,711	82	13,344
c Other	43c 28,454	4,606	22,924	924
d Professional services	43d 136,465	100,286	20,109	16,070
e _____	43e			
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 7,062,223	6,180,183	249,182	632,858

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If Yes, enter (i) aggregate amount of these joint costs \$ _____ (ii) the amount allocated to Program services \$ _____

(iii) the amount allocated to Management and general \$ _____ and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions)

What is the organization's primary exempt purpose? **Community & Human Service Programs**
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others).
 Program Service Expenses (Required for 501(c)(3) & (4) orgs & 4947(a)(1) trusts but optional for others)

a Community Investment - The process by which funds raised through an annual campaign are invested in community programs and initiatives that support solving priority community issues (Grants and allocations \$ _____)	4,856,047
b Housing counseling - a counseling service for delinquent homeowners that have federally insured mortgages (Grants and allocations \$ _____)	57,682
c Community Services - a program designed to coordinate and provide human service programs to persons in need of assistance in a three county area (Grants and allocations \$ _____)	254,946
d Information and referral - a referral program to match persons in need of assistance to the organization that can best serve their needs (Grants and allocations \$ _____)	50,292
e Other program services (attach schedule) (Grants and allocations \$ _____)	961,216
f Total of Program Service Expenses (should equal line 44 column (B) Program services)	6,180,183

Part IV Balance Sheets (See Specific Instructions)

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
A S S E T S	45 Cash -- non-interest-bearing		45	
	46 Savings and temporary cash investments	2,486,622	46	2,912,366
	47a Accounts receivable	42,206		
	b Less allowance for doubtful accounts		40,618	42,206
	47b			
	48a Pledges receivable	3,265,396		
	b Less allowance for doubtful accounts		3,160,568	3,265,396
	48b			
	49 Grants receivable			
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts			
	51b			
	52 Inventories for sale or use			
	53 Prepaid expenses and deferred charges			
54 Investments -- securities (attach schedule) #4 <input type="checkbox"/> Cost <input type="checkbox"/> FMV	983,747	54	1,033,566	
55a Investments -- land, buildings, and equipment basis				
b Less accumulated depreciation (attach schedule)				
55b				
56 Investments -- other (attach schedule)	4,252	56		
57a Land, buildings, and equipment basis #5	2,933,443			
b Less accumulated depreciation (attach schedule)				
57b	902,079	2,089,037	57c	2,031,364
58 Other assets (describe _____)	805,211	58	983,170	
59 Total assets (add lines 45 through 58) (must equal line 74)	9,570,055	59	10,268,068	
L I A B I L I T I E S	60 Accounts payable and accrued expenses	105,725	60	191,680
	61 Grants payable	343,103	61	254,326
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule) #6		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe _____)	58,150	65	
	66 Total liabilities (add lines 60 through 65)	506,978	66	446,006
N E T A S S E T B A L A N C E S	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	7,290,966	67	8,936,667
	68 Temporarily restricted	966,900	68	885,395
	69 Permanently restricted	805,211	69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	9,063,077	73	9,822,062
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	9,570,055	74	10,268,068

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements ▶ **a** 8,047,963

b Amounts included on line a but not on line 12, Form 990

(1) Net unrealized gains on investments \$ _____

(2) Donated services & use of facilities \$ _____

(3) Recoveries of prior year grants \$ _____

(4) Other (specify) _____

_____ \$ 226,755

Add amounts on lines (1) through (4) ▶ **b** 226,755

c Line a minus line b ▶ **c** 7,821,208

d Amounts included on line 12, Form 990 but not on line a

(1) Investment expenses not included on line 6b, Form 990 \$ _____

(2) Other (specify) _____

_____ \$ _____

Add amounts on lines (1) and (2) ▶ **d** _____

e Total revenue per line 12, Form 990 (line c plus line d) ▶ **e** 7,821,208

a Total expenses and losses per audited financial statements ▶ **a** 7,288,978

b Amounts included on line a but not on line 17, Form 990

(1) Donated services & use of facilities \$ _____

(2) Prior year adjustments reported on line 20, Form 990 \$ _____

(3) Losses reported on line 20, Form 990 \$ _____

(4) Other (specify) _____

_____ \$ 226,755

Add amounts on lines (1) through (4) ▶ **b** 226,755

c Line a minus line b ▶ **c** 7,062,223

d Amounts included on line 17, Form 990 but not on line a

(1) Investment expenses not included on line 6b, Form 990 \$ _____

(2) Other (specify) _____

_____ \$ _____

Add amounts on lines (1) and (2) ▶ **d** _____

e Total expenses per line 17, Form 990 (line c plus line d) ▶ **e** 7,062,223

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred comp	(E) Expense account and other allowances
Christopher F Kerrigan 816 Post Oak Dr. Mt Pleasant, SC 29464	President 60	112500	23,250	5,752
Benny C Edwards 8773 Laurel Grove Lane N Charleston, SC 29420	VP Finance 60	63687	6,364	
Terrance D Brown 155 River Breeze Rd Charleston, SC 29407	VP Community In 60	61500	6,150	
See Attached				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule -- see Specific Instructions

Part VII Analysis of Income-Producing Activities (See Specific Instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from govt agencies					
94 Membership dues & assessments					
95 Interest on savings and temporary cash investments					
96 Dividends & interest from securities			14		128,509
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16		13,276
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit/(loss) from sales of inventory					
103 Other revenue a <u>MISC</u>					4,482
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D) and (E))		0		0	146,267
105 Total (add line 104, columns (B), (D), and (E))					146,267

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
96	All funds are used to provide additional funding for health and hum
97b	service programs that provide assistance to individuals
103a	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions)

- (a) Did organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

Date 11/14/03
President

Date _____ Check # _____ Preparer's SSN or PTIN (See Gen. Inst. 10)

Part III Statements About Activities (See the instructions)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38 Part VI-A, or line I of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

3 X

4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV Reason for Non-Private Foundation Status (See the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)

11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)

12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions -- subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety Section 509(a)(4) (See the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	6,980,587	7,609,907	6,017,011	5,420,337	26,027,842
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	41,143	55,156	96,607	56,932	249,838
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	-35,728	125,443	168,520	123,409	381,644
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets #7	10,754	260	51,393	27,670	90,077
23 Total of lines 15 through 22	6,996,756	7,790,766	6,333,531	5,628,348	26,749,401
24 Line 23 minus line 17	6,955,613	7,735,610	6,236,924	5,571,416	26,499,563
25 Enter 1% of line 23	69,968	77,908	63,335	56,283	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	529,991
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e)		26c	26,499,563
d Add: Amounts from column (e) for lines 18 <u>381,644</u> 19 _____ 22 <u>90,077</u> 26b _____		26d	471,721
e Public support (line 26c minus line 26d total)		26e	26,027,842
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	98.22 %

27 Organizations described on line 12 **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2001) _____ (2000) _____ (1999) _____ (1998) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2001) _____ (2000) _____ (1999) _____ (1998) _____

c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		27c	
d Add: Line 27a total _____ and line 27b total _____		27d	
e Public support (line 27c total minus line 27d total)		27e	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27f		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	%

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) PAGE N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space attach a separate statement)		

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table --		
If the amount on line 40 is -- The lobbying nontaxable amount is --		
Not over \$500,000 20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule of Other Program Services

Open to Public Inspection For calendar year 2002 or tax period beginning 07-01, and ending 06-30-2003

Name of Organization Trident United Way, Inc. Employer Identification Number 57-0314378

Description of Program Services	Program Service Expenses
Community Investments	149,541
Hotline and Startup	165,725
Child Care Resource and Referral	130,064
Success by 6	227,689
Communications	135,812
Agency Services	36,393
Endowment	109,685
Emergancy food and shelter	6,307

Page Total 961216
 Total 961,216

Schedule of Investments - Securities

Open to Public Inspection For calendar year 2002 or tax period beginning 07-01, and ending 06-30-2003

Name of Organization Trident United Way, Inc. Employer Identification Number 57-0314378

Name of Security	Description	Cost	End of Year Market Value	Value
Securities		X X		1,033,566
TOTAL				1,033,566

Schedule of Land, Building & Equipment

Open to Public Inspection	For calendar year 2002 or tax period beginning 07-01 , and ending 06-30-2003		
Name of Organization Trident United Way, Inc.			Employer Identification Number 57-0314378

Description of Property	Cost or Other Basis	Accumulated Depreciation	Book Value	Fair Market Value (Form 990-PF only)
Land	490,000		490,000	
Building	1,536,609	221,839	1,314,770	
Equipment	541,334	408,190	133,144	
Equipment	365,500	272,050	93,450	
Total	2,933,443	902,079	2,031,364	

Schedule of Other Assets

Open to Public Inspection	For calendar year 2002 or tax period beginning 07-01 , and ending 06-30-2003	
Name of Organization	Trident United Way, Inc.	Employer Identification Number 57-0314378

Description	End of Year Book Value	End of Year FMV (Form 990-PF Only)
Accrued interest	2,665	
Endowment fund	980,505	
Page Totals	983,170	
Totals	983,170	

Schedule of Other Income

Open to Public Inspection For calendar year 2002 or tax period beginning 07-01 , and ending 06-30-2003

Name of Organization Trident United Way, Inc. Employer Identification Number 57-0314378

Description	(A) 2001	(B) 2000	(C) 1999	(D) 1998	(E) TOTAL
	10,754	260	51,393	27,670	90,077
PAGE TOTALS	10,754	260	51,393	27,670	90,077
TOTALS	10,754	260	51,393	27,670	90,077

STATEMENT #1 - Direct Public Support-cash (EO - PAGE 1)

Campaign support.....	7,148,541
Other donations.....	234,625
Other grants.....	114,560

TOTAL CARRIED TO EO - PAGE 1..... 7,497,726

STATEMENT #2 - Other (EO - PAGE 4)

Rental Expenses..	226,755
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TOTAL CARRIED TO EO - PAGE 4..... 226,755

STATEMENT #3 - Other (EO - PAGE 4)

Rental Expenses	226,755
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TOTAL CARRIED TO EO - PAGE 4... 226,755

2002

**TRIDENT UNITED WAY
BOARD OF DIRECTORS**

**CHAIR: ANITA ZUCKER
CHAIR-ELECT: TOM MOODY**

**TREASURER: BILL MOODY
CAMPAIGN CHAIR: JOHN TENDREY**

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2002

**TRIDENT UNITED WAY
BOARD OF DIRECTORS**

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**TREASURER: BILL MOODY
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2002
TRIDENT UNITED WAY
BOARD OF DIRECTORS

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CHAIR: ANITA ZUCKER
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2002
TRIDENT UNITED WAY
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2002
TRIDENT UNITED WAY
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CHAIR: ANITA ZUCKER
CHAIR-ELECT: TOM MOOD

2002
**TRIDENT UNITED WAY
BOARD OF DIRECTORS**

TREASURER: BILL MOODY
CAMPAIGN CHAIR: JOHN TIMMONS

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