Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No. 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning JULY 01 , 2006, and ending JUNE 30 , 2007

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) | Room/suite: 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 ☒ 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 sec 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

G Website: ▶ N/A

J Organization type (check only one) ▶ ☒ 501(c)(3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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 ▶ 11,838,761

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	10,430,526		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d	337,588		
	e	**Total** (add lines 1a through 1d) (cash $ 10,768,114 noncash $ 0)			1e	10,768,114
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	731,653
	6a	Gross rents	6a	218,890		
	b	Less: rental expenses	6b	239,314		
	c	Net rental income or (loss) Subtract line 6b from line 6a			6c	-20,424
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory — (A) Securities / (B) Other	8a			
	b	Less: cost or other basis & sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ ______ of contributions reported on line 1b)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	120,104
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c and 11			12	11,599,447
Expenses	13	Program services (from line 44, column (B))			13	7,517,759
	14	Management and general (from line 44, column (C))			14	809,020
	15	Fundraising (from line 44, column (D))			15	846,041
	16	Payments to affiliates (attach schedule) #1			16	74,191
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	9,247,011
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	2,352,436
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	12,240,026
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	14,592,462

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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 the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sched.) (cash $ ____ noncash $ ____) If this amount includes foreign grants, ck. here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) #2 (cash $ 5,764,604 noncash $ ____) If this amount includes foreign grants, ck. here ▶ ☐	22b	5,764,604	5,764,604		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a				
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	1,838,188	1,036,058	337,322	464,808
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	361,982	203,878	71,688	86,416
29 Payroll taxes	29	134,455	76,620	24,133	33,702
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	115,381	52,255	15,021	48,105
34 Telephone	34	59,054	39,286	13,614	6,154
35 Postage and shipping	35	29,404	3,727	13,691	11,986
36 Occupancy	36	96,317	67,132	29,185	
37 Equipment rental and maintenance	37	13,595	156	13,439	
38 Printing and publications	38	188,174	93,239	24,553	70,382
39 Travel	39	62,741	27,739	14,911	20,091
40 Conferences, conventions, and meetings	40	166,706	41,126	30,423	95,157
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule) #3	42	44,852		44,852	
43 Other expenses not covered above (itemize): a SEE ATTACHMENT #4	43a	297,367	111,939	176,188	9,240
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	9,172,820	7,517,759	809,020	846,041

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)** 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 the instructions.)

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.

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) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a	SEE ATTACHMENT #5	
	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	258,340
b		
	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	67,236
c		
	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	400,550
d		
	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	6,711
e	Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	6,784,922
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	7,517,759

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

	Line	Description			(A) Beginning of year		(B) End of year
ASSETS	45	Cash -- non-interest-bearing				45	
	46	Savings and temporary cash investments			5,297,386	46	6,607,661
	47a	Accounts receivable	47a	174,096			
	b	Less: allowance for doubtful accounts	47b		123,893	47c	174,096
	48a	Pledges receivable	48a	4,313,439			
	b	Less: allowance for doubtful accounts	48b		3,476,443	48c	4,313,439
	49	Grants receivable				49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			26,684	53	12,784
	54a	Investments -- publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
	b	Investments -- other securities (attach schedule)#6. ▶ ☐ Cost ☐ FMV			1,550,010	54b	2,211,697
	55a	Investments -- land, buildings, and equipment: basis	55a				
	b	Less: accumulated depreciation (attach schedule)	55b			55c	
	56	Investments -- other (attach schedule)				56	
	57a	Land, buildings, and equipment: basis #7.	57a	3,016,058			
	b	Less: accumulated depreciation (attach schedule)	57b	1,284,199	1,796,797	57c	1,731,859
	58	Other assets, including program-related investments (describe ▶ SEE ATTACHMENT #8)			337,035	58	385,593
	59	**Total assets** (must equal line 74). Add lines 45 through 58			12,608,248	59	15,437,129
LIABILITIES	60	Accounts payable and accrued expenses			368,222	60	844,667
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe ▶)				65	
	66	**Total liabilities.** Add lines 60 through 65			368,222	66	844,667
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here** ▶ ☐ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			11,353,874	67	13,726,581
	68	Temporarily restricted			886,152	68	865,881
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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 and column (B) **must** equal line 21)			12,240,026	73	14,592,462
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			12,608,248	74	15,437,129

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements			a	11,838,761
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify): SEE ATTACHMENT #9	b4	239,314		
	Add lines b1 through b4			b	239,314
c	Subtract line b from line a			c	11,599,447
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	
e	**Total revenue** (Part I, line 12). Add lines c and d ▶			e	11,599,447

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

a	Total expenses and losses per audited financial statements			a	9,486,325
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify): SEE ATTACHMENT #10	b4	239,314		
	Add lines b1 through b4			b	239,314
c	Subtract line b from line a			c	9,247,011
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	
e	**Total expenses** (Part I, line 17). Add lines c and d ▶			e	9,247,011

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 compensation plans	(E) Expense account and other allowances
SEE ATTACHMENT #11				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the defenition of "related organization." ▶ If "Yes," attach a statement that includes the information described in the instructions.	75c		X
d	Does the organization have a written conflict of interest policy?	75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a N/A			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information (continued)

				Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)	82b N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b		X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b		X
85	501(c)(4), (5), or (6) organizations. **a** Were substantially all dues nondeductible by members?		85a		X
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?		85b		X
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g		X
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h		X
86	501(c)(7) orgs. Enter: **a** Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	501(c)(12) orgs. Enter: **a** Gross income from members or shareholders	87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A , section 4912 ▶ N/A ; section 4955 ▶ N/A				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	N/A			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶	N/A			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90a List the states with which a copy of this return is filed ▶ N/A

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b N/A

91a The books are in care of ▶ SEE ATTACHMENT #12 Telephone no. ▶

Located at ▶ ZIP + 4 ▶

			Yes	No
b	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)?	91b		X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
If "Yes," enter the name of the foreign country ▶			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041** -- Check here ▶ ☐			
and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Excl. code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14		731,653
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16		-20,424
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 or (loss) from sales of inventory					
103 Other revenue: a					
b SEE ATTACHMENT #13					120,104
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	831,333

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 831,333

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

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

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

Part XI **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13)

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity N/A		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. N/A		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? N/A		

Please Sign Here

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

Jesse Dove — 5-14-08
Signature of officer — Date

Jesse Dove 5-14-08
Type or print name and title

Paid Preparer's Use Only			
Preparer's signature	Jerry D. Gambrell, CPA	Date 3/13/08	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen. Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4	JERRY D. GAMBRELL, CPA PO BOX 21914 CHARLESTON SC 29413-1914		EIN ▶ Phone no. ▶ 843-722-0049

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate Instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2006

Name of the organization: TRIDENT UNITED WAY, INC.

Employer Identification number: 57-0314378

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services . . . . ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services . . . . ▶	0	

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
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such finds or accounts ▶			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶			0

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

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III -- Functionally Integrated ☐ Type III -- Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support
Total ▶					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4) (See 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	8,591,930	8,403,281	7,713,254	7,674,941	32,383,406
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	-74,331	101,682	97,989	13,276	138,616
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	300,036	272,717	332,690	128,509	1,033,952
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 #14	70,925	56,615	260	51,393	179,193
23 Total of lines 15 through 22	8,888,560	8,834,295	8,144,193	7,868,119	33,735,167
24 Line 23 minus line 17	8,962,891	8,732,613	8,046,204	7,854,843	33,596,551
25 Enter 1% of line 23	88,886	88,343	81,442	78,681	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 671,931

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 2002 through 2005 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 33,596,551

d Add: Amounts from column (e) for lines: 18 1,033,952 19 ______ 22 179,193 26b ______ ▶ 26d 1,213,145

e Public support (line 26c minus line 26d total) ▶ 26e 32,383,406

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 96.39 %

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

(2005) ______ (2004) ______ (2003) ______ (2002) ______

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 11b, 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.

(2005) ______ (2004) ______ (2003) ______ (2002) ______

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 2002 through 2005, 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) 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?	29		
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?	30		
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?	31		
	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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	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?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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	35		

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.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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.) N/A

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.

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

SCHEDULE OF PAYMENTS TO AFFILIATES

ATTACHMENT 1: PAGE 1 - 990 PAGE 1, PART I, LINE 16

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning 07-01-2006, and ending 06-30-2007.

Name of Organization	Employer Identification Number
TRIDENT UNITED WAY, INC.	57-0314378

Name, Address, and Purpose of Payment for Affiliate	Amount of Payment
TUW AMERICA 701 NORTH FAIRFAX ST ALEXANDRIA, VA 22314-2045	74,191
Total	74,191

SCHEDULE CASH GRANTS AND ALLOCATIONS

ATTACHMENT 2: PAGE 1 - 990 PAGE 2, PART II, LINE 22B

OPEN TO PUBLIC INSPECTION

For Calendar year 2006, or tax year period beginning 07-01-2006 **and ending** 06-30-2007

Name of Organization
TRIDENT UNITED WAY, INC.

Employer Identification Number
57-0314378

Class of Activity	Donee's Name and Address	Amount Given	Relationship/Organizational Status
	DONOR DESIGNATIONS	1,116,391	
	DONOR DESIGNATIONS	1,245,846	
	AGENCY ALLOCATIONS	3,402,367	
	Total	5,764,604	

SCHEDULE OF DEPRECIATION AND DEPLETION

ATTACHMENT 3: PAGE 1 - 990 PAGE 2, PART II, LINE 42

OPEN TO PUBLIC INSPECTION

For Calendar year 2006, or tax year period beginning 07-01-2006 and ending 06-30-2007

Name of Organization
TRIDENT UNITED WAY, INC.

Employer Identification Number
57-0314378

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
						44,852
	Total					44,852

SCHEDULE OF OTHER EXPENSES

ATTACHMENT 4: PAGE 1 - 990 PAGE 2, PART II, LINE 43

OPEN TO PUBLIC INSPECTION · For calendar year 2006 or tax period beginning 07-01-2006, and ending 06-30-2007.

Name of Organization
TRIDENT UNITED WAY, INC.

Employer Identification Number
57-0314378

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
MEDIA	56,485	13,503	42,434	548
CONTRACT SERVICES	126,574	85,793	32,945	7,836
OTHER	114,308	12,643	100,809	856
Total	297,367	111,939	176,188	9,240

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 5: PAGE 1 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning	07-01-2006, and ending	06-30-2007.

Name of Organization	Employer Identification Number
TRIDENT UNITED WAY, INC.	57-0314378

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants		Program service expenses	258,340

Exempt Purpose Achievements

COMMUNITY INVESMENT - THE PROCESS BY WHICH FUNDS RAISED THROUGH AN ANNUAL CAMPAIGN ARE INVESTED IN COMMINITY PROGRAMS AND INITIATIVES THAT SUPPORT SOLVING PRIORITY COMMUNITY ISSUES

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 5: PAGE 2 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning 07-01-2006, and ending 06-30-2007.

Name of Organization	Employer Identification Number
TRIDENT UNITED WAY, INC.	57-0314378

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants		Program service expenses	67,236

Exempt Purpose Achievements

HOUSING COUNSELING - A COUNSELING SERVICE FOR DELIQUENT HOMEOWNERS THAT HAVE FEDERALLY INSURED MORTGAGES

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 5: PAGE 3 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning 07-01-2006, and ending 06-30-2007.

Name of Organization	Employer Identification Number
TRIDENT UNITED WAY, INC.	57-0314378

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants		Program service expenses	400,550

Exempt Purpose Achievements

COMMUNITY SERVICES - A PROGRAM DESIGNED TO COORDINATE AND PROVIDE HUMAN SERVICE PROGRAMS TO PERSONS IN NEED OF ASSISTANCE IN A THREE COUNTY AREA

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 5: PAGE 4 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning 07-01-2006, and ending 06-30-2007.

Name of Organization	Employer Identification Number
TRIDENT UNITED WAY, INC.	57-0314378

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants		Program service expenses	6,711

Exempt Purpose Achievements

EMERGENCY FOOD AND SHELTER

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 5: PAGE 5 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning 07-01-2006, and ending 06-30-2007.

Name of Organization	Employer Identification Number
TRIDENT UNITED WAY, INC.	57-0314378

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants		Program service expenses	433,637

Exempt Purpose Achievements

HOTLINE AND TEENLINE

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 5: PAGE 6 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning 07-01-2006, and ending 06-30-2007.

Name of Organization	Employer Identification Number
TRIDENT UNITED WAY, INC.	57-0314378

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants		Program service expenses	444,967

Exempt Purpose Achievements

SUCCESS BY SIX

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 5: PAGE 7 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning 07-01-2006, and ending 06-30-2007.

Name of Organization	Employer Identification Number
TRIDENT UNITED WAY, INC.	57-0314378

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	3,412

Exempt Purpose Achievements

GIFTS IN-KIND

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 5: PAGE 8 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning 07-01-2006, and ending 06-30-2007.

Name of Organization	Employer Identification Number
TRIDENT UNITED WAY, INC.	57-0314378

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants		Program service expenses	44,170

Exempt Purpose Achievements

NURTURING YOUTH

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 5: PAGE 9 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning 07-01-2006, and ending 06-30-2007.

Name of Organization	Employer Identification Number
TRIDENT UNITED WAY, INC.	57-0314378

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants ☐	Program service expenses	12,029

Exempt Purpose Achievements

INCREASING SELF SUFFICIENCY

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 5: PAGE 10 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning 07-01-2006, and ending 06-30-2007.

Name of Organization	Employer Identification Number
TRIDENT UNITED WAY, INC.	57-0314378

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants		Program service expenses	68,260

Exempt Purpose Achievements

SUPPORTING OLDER PEOPLE

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 5: PAGE 11 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	**For calendar year 2006 or tax period beginning** 07-01-2006, **and ending** 06-30-2007.

Name of Organization	**Employer Identification Number**
TRIDENT UNITED WAY, INC.	57-0314378

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants		Program service expenses	6,843

Exempt Purpose Achievements

YOUTH SERVICES

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 5: PAGE 12 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning 07-01-2006, and ending 06-30-2007.

Name of Organization	Employer Identification Number
TRIDENT UNITED WAY, INC.	57-0314378

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants		Program service expenses	7,000

Exempt Purpose Achievements

COMMUNITY ISSUES

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 5: PAGE 13 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning	07-01-2006, and ending	06-30-2007.

Name of Organization	Employer Identification Number
TRIDENT UNITED WAY, INC.	57-0314378

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants ☐	Program service expenses	5,764,604

Exempt Purpose Achievements

ALLOCATIONS

SCHEDULE OF INVESTMENT SECURITIES

ATTACHMENT 6: PAGE 1 - 990 PAGE 4, PART IV, LINE 54

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning 07-01-2006, and ending 06-30-2007.

Name of Organization	Employer Identification Number
TRIDENT UNITED WAY, INC.	57-0314378

Description of Investment Security	Cost or FMV	EOY Book Value
SECURITIES		2,211,697
	Total	2,211,697

SCHEDULE OF LAND, BUILDINGS & EQUIPMENT

ATTACHMENT 7: PAGE 1 - 990 PAGE 4, PART IV, LINE 57

OPEN TO PUBLIC INSPECTION

For Calendar year 2006, or tax year period beginning 07-01-2006 and ending 06-30-2007

Name of Organization
TRIDENT UNITED WAY, INC.

Employer Identification Number
57-0314378

Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)
LAND	490,000		490,000	
BUILDING	1,541,958	388,372	1,153,586	
EQUIPMENT	365,500	345,150	20,350	
EQUIPMENT	618,600	550,677	67,923	
Total	3,016,058	1,284,199	1,731,859	

SCHEDULE OF OTHER ASSETS

ATTACHMENT 8: PAGE 1 - 990 PAGE 4, PART IV, LINE 58

OPEN TO PUBLIC INSPECTION | **For calendar year 2006 or tax period beginning** 07-01-2006, **and ending** 06-30-2007.

Name of Organization
TRIDENT UNITED WAY, INC.

Employer Identification Number
57-0314378

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
ENDOWMENT FUND	337,035	385,593	
Totals	337,035	385,593	

SCHEDULE OF OTHER REVENUE INCLUDED

ATTACHMENT 9: PAGE 1 - 990 PAGE 5, PART IV-A, LINE B(4)

OPEN TO PUBLIC INSPECTION | For calendar year 2006 or tax period beginning 07-01-2006 , and ending 06-30-2007.

Name of Organization	Employer Identification Number
TRIDENT UNITED WAY, INC.	57-0314378

Description of Other Revenue	Total Amount
RENTAL INCOME	239,314
Total	239,314

SCHEDULE OF OTHER EXPENSES INCLUDED

ATTACHMENT 10: PAGE 1 - 990 PAGE 5, PART IV-B, LINE B(4)

OPEN TO PUBLIC INSPECTION | For calendar year 2006 or tax period beginning 07-01-2006 , and ending 06-30-2007.

Name of Organization	Employer Identification Number
TRIDENT UNITED WAY, INC.	57-0314378

Description of Other Expenses	Total Amount
RENTAL EXPENSE	239,314
Total	239,314

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 11: PAGE 1 - 990 PAGE 5, PART V-A

OPEN TO PUBLIC INSPECTION	**For calendar year 2006 or tax period beginning** 07-01-2006, **and ending** 06-30-2007.
Name of Organization TRIDENT UNITED WAY, INC.	**Employer Identification Number** 57-0314378

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation **(If not paid, enter 0)**	(D) Cont. to Employee Ben. Plans & Def. Comp	(E) Expense Account & Other Allowances
CHRISTOPHER F. KERRIGAN MT.PLEASANT, SC ,	PRESIDENT 40.00	165,544	16,084	9,600

BOOKS ARE IN CARE OF

ATTACHMENT 12 - 990 PAGE 7, PART VI, LINE 91A

For calendar year 2006 or tax period beginning 07-01 , and ending 06-30-2007.

Name of Organization	Employer Identification Number
TRIDENT UNITED WAY, INC.	57-0314378

Part VI - Line 91a

Individual Name or Business Name .... CHRISTOPHER KERRIGAN

Street Address .... PO BOX 63305 N. CHARLESTON, SC

U.S. Address:

Zip code 29419 City ______ State __

or

Foreign Address

City ....

Province or State ....

Country ....

Postal code ....

Phone Number .... (843)740-9000

Fax Number ....

SCHEDULE OF OTHER REVENUE

ATTACHMENT 13: PAGE 1 - 990 PAGE 8, PART VII, LINE 103

OPEN TO PUBLIC INSPECTION

For calendar year 2006 or tax period beginning 07-01-2006 , and ending 06-30-2007.

Name of Organization	Employer Identification Number
TRIDENT UNITED WAY, INC.	57-0314378

Item	Program Service Revenue	Unrelated business income		Excluded by section 512, 513 or 514		(e)
		(a) business code	(b) Amount	(c) Excl. code	(d) Amount	Related or exempt function income (see instructions)
A	OTHER					120,104
	Totals					120,104

SCHEDULE OF OTHER INCOME

ATTACHMENT 14: PAGE 1 SCH A PAGE 3, PART IV-A, LINE 22, OTHER INCOME

OPEN TO PUBLIC INSPECTION

For Calendar year 2006, or tax year period beginning 07-01-2006 and ending 06-30-2007

Name of Organization
TRIDENT UNITED WAY, INC.

Employer Identification Number
57-0314378

Other Income Description	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
	70,925	56,615	260	51,393	179,193
Total	70,925	56,615	260	51,393	179,193

STATEMENT #1 - DIRECT PUBLIC SUPPORT-CASH (990-EO PG 1)

CAMPAIGN SUPPORT	9,659,187	
OTHER DONATIONS	771,339	
TOTAL CARRIED TO 990-EO PG 1		10,430,526

STATEMENT #2 - GROSS RENTS (990-EO PG 1)

BUILDING	183,876	
OTHER	35,014	
TOTAL CARRIED TO 990-EO PG 1		218,890

STATEMENT #3 - OF YEAR (990-EO PG 4)

	BEGINNING	ENDING
CASH	2,913,061	2,161,051
INVESTMENTS	2,384,325	4,446,610
TOTAL CARRIED TO 990-EO PG 4	5,297,386	6,607,661

2007
TRIDENT UNITED WAY
BOARD OF DIRECTORS

Chair Leo Hutchison
Chair-Elect. Bill Finn
Treasurer Jesse Dove

Campaign Chair Lonnie Carter
Community Bldg. Chair. Anne Summer

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Chair-Elect: Bill Finn
Treasurer: Jesse Dove

Campaign Chair: Lonnie Carter
Community Bldg. Chair: Anne Summer

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Trident United Way
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