

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)

2007

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 2007 calendar year, or tax year beginning JULY 01, 2007, and ending JUNE 30, 2008

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: TRIDENT UNITED WAY, INC. D Employer identification number: 57-0314378. E Telephone number: (843) 740-9000. F Acctg. method: Cash, Accrual, Other (specify).

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

G Website: N/A. J Organization type (check only one): 501(c)(3), 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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 10,868,811. M Check if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Table with columns for Revenue (1-12), Expenses (13-17), and Assets (18-21). Includes a 'RECEIVED' stamp from FEB 05 2009, OGDEN, UT.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2007) 15

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 schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) #5 (cash \$ 5,746,880 noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22b	5,746,880	5,746,880		
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 #6	25a	741,938	391,918	176,384	
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B.	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)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	1,329,701	873,564	48,523	
27	Pension plan contributions not included on lines 25a, b, and c	27	185,988	89,155	48,870	
28	Employee benefits not included on lines 25a - 27.	28	201,889	151,912	3,088	
29	Payroll taxes	29	136,638	85,022	12,356	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	104,612	83,015	-6,589	
34	Telephone	34	61,834	41,715	11,785	
35	Postage and shipping	35	24,865	8,052	7,030	
36	Occupancy	36	140,103	98,972	9,932	
37	Equipment rental and maintenance	37	13,648	908	12,740	
38	Printing and publications	38	164,218	95,766	19,564	
39	Travel	39	58,610	25,927	15,430	
40	Conferences, conventions, and meetings	40	154,708	38,756	10,200	
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	83,656	51,737	8,302	
43	Other expenses not covered above (itemize):					
a	SEE ATTACHMENT #7	43a	497,611	447,489	-17,506	
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	9,646,899	8,230,788	360,109	1,056,002

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? ► SEE ATTACHMENT #8	Program Service Expenses
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.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a SEE ATTACHMENT #9 	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,977,254
b 	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	44,345
c 	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	424,549
d 	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	141,183
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,643,457
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	8,230,788

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.

		(A) Beginning of year	(B) End of year
A S S E T S	45 Cash -- non-interest-bearing		45 3,890,765
	46 Savings and temporary cash investments	6,607,661	46 1,276,280
	47a Accounts receivable	47a 96,525	
	b Less: allowance for doubtful accounts	47b	47c 96,525
	48a Pledges receivable	48a 4,027,256	
	b Less allowance for doubtful accounts	48b	48c 4,027,256
	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	12,784	53 5,262
	54a Investments -- publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments -- other securities (attach schedule) #10	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54b 3,967,623
	55a Investments -- land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation (attach schedule)	55b	55c 1,731,859
	56 Investments -- other (attach schedule)		56
	57a Land, buildings, and equipment: basis #11	57a 3,023,813	
b Less accumulated depreciation (attach schedule)	57b 1,367,854	57c 1,655,959	
58 Other assets, including program-related investments (describe ► SEE ATTACHMENT #12)	385,593	58 502,527	
59 Total assets (must equal line 74). Add lines 45 through 58	15,437,129	59 15,422,197	
L I A B I L I T I E S	60 Accounts payable and accrued expenses	844,667	60 863,641
	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	844,667	66 863,641	
N E T A S S E T S O R F U N D B A L A N C E S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	13,726,581	67 8,363,385
	68 Temporarily restricted	865,881	68 5,204,276
	69 Permanently restricted		69 990,895
	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 and column (B) must equal line 21)	14,592,462	73 14,558,556
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	15,437,129	74 15,422,197

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	8,291,774
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		-446,051
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): SEE ATTACHMENT #13	b4		309,377
	Add lines b1 through b4		b	-136,674
c	Subtract line b from line a		c	8,428,448
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): SEE ATTACHMENT #14	d2		2,800,284
	Add lines d1 and d2		d	2,800,284
e	Total revenue (Part I, line 12). Add lines c and d		e	11,228,732

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

a	Total expenses and losses per audited financial statements		a	7,849,737
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):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	7,849,737
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	7,849,737

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

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 46		
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) #1.5	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 definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.		X
d	Does the organization have a written conflict of interest policy?	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
SEE ATTACHMENT #16				

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		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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?		X
b	If "Yes," enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> 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?		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?	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 17,425		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		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?		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?		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		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		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		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?		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		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?		X
89g			
90a	List the states with which a copy of this return is filed ▶ SC		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	52
91a	The books are in care of ▶ SEE ATTACHMENT #17 Telephone no ▶		
	Located at ▶ ZIP + 4 ▶		
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)?		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		
91b			

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 Yes No
 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 N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 92 N/A

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Excl code	(D) Amount	
93 Program service revenue:					
a SEE ATTACHMENT #18					521,058
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					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	13,385	
98 Net rental income or (loss) from personal property . .					
99 Other investment income			14	320,798	
100 Gain or (loss) from sales of assets other than inventory			14	-65,381	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b SEE ATTACHMENT #19					23,532
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		268,802	544,590
105 Total (add line 104, columns (B), (D), and (E))					813,392

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).

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

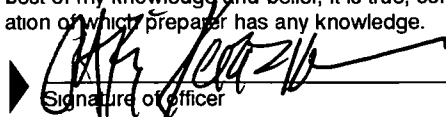
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

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

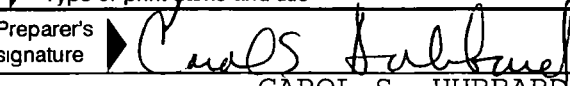
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

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 Yes No

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.


1 Feb, 2009
 Signature of officer Date
CHRIS KERRIGAN PRESIDENT
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature	 Date 01-22-2009	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	CAROL S. HUBBARD, CPA, LLC 990 LAKE HUNTER CIRCLE STE 207 MOUNT PLEASANT SC 29464		EIN Phone no 843-330-3330

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No 1545-0047

2007

Department of the Treasury
Internal Revenue Service

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

Supplementary Information — (See separate instructions.)

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
SEE ATTACHMENT #20				

Total number of other employees paid over \$50,000 ▶ 9

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
SEE ATTACHMENT #21		

Total number of other contractors receiving over \$50,000 for other services ▶ 41

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See the instructions.)

Yes No

<p>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)</p>	1		X
<p>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.</p>			
<p>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)</p>			
<p>a Sale, exchange, or leasing of property?</p>	2a		X
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods, services, or facilities?</p>	2c		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		X
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>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)</p>	3a		X
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		X
<p>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</p>	3c		X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		X
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.</p>	4a		X
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>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 funds or accounts ▶ _____</p>			0
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____</p>			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?		(e) Amount of support
			Yes	No	
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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	10,768,114	8,591,930	8,403,281	7,713,254	35,476,579
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	-20,424	-74,331	101,682	97,989	104,916
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	731,653	300,036	272,717	332,690	1,637,096
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 # 22	120,104	70,925	56,615	260	247,904
23 Total of lines 15 through 22	11,599,447	8,888,560	8,834,295	8,144,193	37,466,495
24 Line 23 minus line 17	11,619,871	8,962,891	8,732,613	8,046,204	37,361,579
25 Enter 1% of line 23	115,994	88,886	88,343	81,442	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 747,232
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 2003 through 2006 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 37,361,579
d Add. Amounts from column (e) for lines:	18 1,637,096	19	22 247,904	26b	26d 1,885,000
e Public support (line 26c minus line 26d total)					26e 35,476,579
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 94.95 %
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:				
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
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:					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines:	15 _____	16 _____	17 _____	20 _____	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 2003 through 2006, 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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
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) 2007	(b) 2006	(c) 2005	(d) 2004	(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		X
(II)	Other assets		X
b	Other transactions:		
(I)	Sales or exchanges of assets with a noncharitable exempt organization		X
(II)	Purchases of assets from a noncharitable exempt organization		X
(III)	Rental of facilities, equipment, or other assets		X
(IV)	Reimbursement arrangements		X
(V)	Loans or loan guarantees		X
(VI)	Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		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 OTHER INVESTMENT INCOME

ATTACHMENT 1: PAGE 1 - 990 PAGE 1, PART I, LINE 7

OPEN TO PUBLIC
INSPECTION

For calendar year 2007, or tax period beginning 07-01-2007, and ending 06-30-2008.

Name of Organization

TRIDENT UNITED WAY, INC.

Employer Identification Number

57-0314378

Description	Amount
INTEREST INCOME HELD ON FUNDS FOR FUTURE RESERVES	320,798
Total	320,798

SCHEDULE OF GAIN/LOSS FROM SALE OF ASSETS OTHER THAN INVENTORY

ATTACHMENT 2: PAGE 1 - 990 PAGE 1, PART I, LINE 8

OPEN TO PUBLIC INSPECTION

For Calendar year 2007, or tax year period beginning 07-01-2007

and ending 06-30-2008

Name of Organization

TRIDENT UNITED WAY, INC.

Employer Identification Number
57-0314378

Name of Security or Description of Property	Acquisition Date	How Acquired	Date Sold	To Whom Sold			Accumulated Depreciation
				Gross Sale Price	Basis	Sales Expense	
NONPUBLICLY TRADED SECURITIES: VARIOUS STOCK GAIN/(LOSSES)	2007-06	PURCHASED	2008-06	1	65,382		-65,381
Total				1	65,382		-65,381
Publicly traded securities							

SCHEDULE OF PAYMENTS TO AFFILIATES

ATTACHMENT 3: PAGE 1 - 990 PAGE 1, PART I, LINE 16

OPEN TO PUBLIC
INSPECTION

For calendar year 2007, or tax period beginning 07-01-2007, and ending 06-30-2008.

Name of Organization
TRIDENT UNITED WAY, INC.

Employer Identification Number
57-0314378

Name, Address, and Purpose of Payment for Affiliate	Amount of Payment
UNITED WAY OF AMERICA 701 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314-2045	81,685
Total	81,685

SCHEDULE CASH GRANTS AND ALLOCATIONS

ATTACHMENT 5: PAGE 1 - 990 PAGE 2, PART II, LINE 22B

OPEN TO PUBLIC
INSPECTION

For Calendar year 2007, or tax year period beginning 07-01-2007

and ending 06-30-2008.

Name of Organization

Employer Identification Number

TRIDENT UNITED WAY, INC.

57-0314378

Class of Activity	Donee's Name and Address	Amount Given	Relationship/Organizational Status
DONOR DESIGNATIONS	TUW CAMPAIGN DESIGNATED	637,133	
DONOR DESIGNATIONS	COMBINED FEDERAL CAMPAIGN DESIGN.	1,428,472	
AGENCY ALLOCATIONS	LOCAL NON-PROFIT PROGRAM PROVIDERS	3,681,275	
Total		5,746,880	

COMPENSATION OF CURRENT OFFICERS

ATTACHMENT 6: PAGE 1 - 990 PAGE 2, PART II, LINE 25A

OPEN TO PUBLIC INSPECTION

For Calendar year 2007, or tax year period beginning 07-01

and ending 06-30-2008.

Name of Organization

TRIDENT UNITED WAY, INC.

Employer Identification Number

57-0314378

Name of Officer	Program Services			Management and General		
	Compensation	Employee Benefit Plan	Expense Account	Compensation	Employee Benefit Plan	Expense Account
CHRIS KERRIGAN, PRESIDENT	75,411	19,746	5,897	51,900	13,590	
BENNY EDWARDS, VP OF FINANCE	16,972	3,964		45,168	10,550	
ROXANNE MEDINA-SOLOMON, VP COM. BLD	72,440	16,847				
DAVID NICOLE, VP, DEVELOPMENT	320	90		639	180	
BONNIE BELLA, VP YOUTH SERVICES	81,940	16,162				
BARRY WALDMAN, VP COMMUNICATION	56,376	15,416				
TOM ELEK, SPECIAL PROJECT OFFICER	9,138	1,199		44,466	5,834	
Total	312,597	73,424	5,897	142,173	30,154	
	Fundraising					
	Mgmt & General	Compensation	Employee Benefit Plan	Expense Account		
	4,057	45,689	11,964	3,571		
		16,518	3,858			
		62,991	17,768			
		15	3			
		2,349	642			
		7,309	959			
Total	4,057	134,871	35,194	3,571		

SCHEDULE OF OTHER EXPENSES

ATTACHMENT 7: PAGE 1 - 990 PAGE 2, PART II, LINE 43

OPEN TO PUBLIC
INSPECTION

For calendar year 2007 or tax period beginning 07-01-2007, and ending 06-30-2008.

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
LEASED EMPLOYEES	22,792	11,092	11,700	
CONTRACT SERVICES	347,472	291,739	41,706	14,027
INSURANCE	13,303	2,000	11,303	
UTILITIES	70,180	9,342	60,838	
PROPERTY TAX	27,337	75	27,262	
DUES AND PUBLICATIONS	70,353	46,712	10,962	12,679
TRAINING	15,892	5,276	6,961	3,655
MISCELLANEOUS	117,136	81,349	-1,480	37,267
ADJUSTMENT FOR CFC DEPREC	-96	-96		
LESS COST ALLOCATED TO RENT	-186,758		-186,758	
Total	497,611	447,489	-17,506	67,628

PRIMARY EXEMPT PURPOSE

ATTACHMENT 8: PAGE 1 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2007 or tax period beginning	07-01	, and ending	06-30-2008.
Name of Organization				Employer Identification Number
TRIDENT UNITED WAY, INC.				57-0314378

Primary Purpose

TRIDENT UNITED WAY (THE ORGANIZATION) IS SEEN AND VALUED BY THE COMMUNITY AS A CENTRAL CONVENER ESTABLISHING THE COMMUNITY'S STRATEGIC SOCIAL SERVICES AGENDA AND FACILITATION OF THE DEVELOPMENT AND IMPLEMENTATION OF THAT AGENDA WITHIN FIVE (5) PROGRAM AREAS: EDUCATION, INCOME, HEALTH, SAFETY NET AND CONNECTING THE COMMUNITY. IN ADDITION, FINANCIAL SUPPORT TO PROGRAMS PROVIDING HEALTH AND HUMAN SERVICES DIRECTLY ALIGNED TO THE AGENDA ARE DISTRIBUTED THROUGH THE COMMUNITY INVESTMENTS PROCESS. THE ORGANIZATION IS SUPPORTED PRIMARILY THROUGH AN ANNUAL CAMPAIGN WITH LOCAL EMPLOYERS, INDIVIDUALS, FEDERAL AND STATE GRANTS, FEES FOR SERVICES, AND THE OTHER UNITED WAY ORGANIZATIONS.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 9: PAGE 1 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2007, or tax period beginning 07-01-2007, and ending 06-30-2008.
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Name of Organization TRIDENT UNITED WAY, INC.	Employer Identification Number 57-0314378
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Part III - Statement of Program Service Accomplishments	
Grants and allocations	Amount includes foreign grants Program service expenses 3,977,254

Exempt Purpose Achievements

COMMUNITY INVESTMENT PROGRAMS - THE COMMUNITY INVESTMENTS PROGRAM AREA DISTRIBUTES FINANCIAL RESOURCES TO OTHER NON-PROFITS THROUGHOUT THE COMMUNITY THAT PARTNER WITH TRIDENT UNITED WAY TO ACHIEVE THE AGENDA'S COMMUNITY OUTCOMES AND MONITORS AND EVALUATES THEIR PROGRAM PERFORMANCE.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 9: PAGE 2 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2007, or tax period beginning	07-01-2007, and ending	06-30-2008.
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Name of Organization TRIDENT UNITED WAY, INC.	Employer Identification Number 57-0314378
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	44,345
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Exempt Purpose Achievements

HEALTH PROGRAMS - THE HEALTH PROGRAM AREA CONVENES, STRATEGICALLY PLANS AND COORDINATES COMMUNITY INITIATIVES AND PROGRAM SERVICES TO ACHIEVE THE COMMUNITY OUTCOMES OF INCREASING ACCESS TO HEALTH CARE AND PREVENTION AND HEALTH PROMOTION.

PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC INSPECTION For calendar year 2007, or tax period beginning 07-01-2007, and ending 06-30-2008.

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

Part III - Statement of Program Service Accomplishments

Grants and allocations Amount includes foreign grants Program service expenses 424,549

Exempt Purpose Achievements

EDUCATION - THE EDUCATION PROGRAM AREA CONVENES, STRATEGICALLY PLANS AND COORDINATES COMMUNITY INITIATIVES AND PROGRAM SERVICES TO ACHIEVE THE COMMUNITY OUTCOMES OF SCHOOL READINESS AND ACADEMIC AND LIFE SUCCESS. SPECIFIC PROGRAMS IN THIS AREA INCLUDE BORN TO READ, COUNTDOWN TO KINDERGARTEN, FAMILY LITERACY, 4KNOW AND CHILD CARE RESOURCE & REFERRAL (CCR&R). CCR&R PROVIDES SERVICE TO OVER 2,500 PARENTS AND CAREGIVERS FOR REFERRALS, CHILD CARE INFORMATION AND ABC VOUCHER OR OTHER FINANCIAL ASSISTANCE INFORMATION. OVER 700 CHILD CARE PROVIDERS RECEIVE PHONE CONSULTATIONS, TECHNICAL ASSISTANCE AND TRAININGS.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 9: PAGE 4 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION For calendar year 2007, or tax period beginning 07-01-2007, and ending 06-30-2008.

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

Part III - Statement of Program Service Accomplishments

Grants and allocations Amount includes foreign grants Program service expenses 141,183

Exempt Purpose Achievements

INCOME IMPACT AREA (INCOME STABILITY PROGRAMS) - THE INCOME PROGRAM AREA CONVENES, STRATEGICALLY PLANS AND COORDINATES COMMUNITY INITIATIVES AND PROGRAM SERVICES TO ACHIEVE THE COMMUNITY OUTCOMES OF INCREASING DISCRETIONARY INCOME AND GAINING AND SUSTAINING ASSETS. THE HOUSING COUNSELING PROGRAMS PROVIDES COMPREHENSIVE HOUSING COUNSELING TO OVER 200 HOUSEHOLDS ANNUALLY.

PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC INSPECTION	For calendar year 2007, or tax period beginning	07-01-2007, and ending	06-30-2008.
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Name of Organization TRIDENT UNITED WAY, INC.	Employer Identification Number 57-0314378
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	224,925
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Exempt Purpose Achievements

SAFETY NET - THE SAFETY NET PROGRAM AREA WORKS TO AVOID DUPLICATION OF SERVICES AND CREATE EFFICIENCY IN PROVIDERS OF EMERGENCY ASSISTANCE OF FOOD, CLOTHING, SHELTER AND SUPPORT TO VULNERABLE POPULATIONS (I.E. SENIORS AND PERSONS WITH DISABILITIES.) THE DORCHESTER AND BERKELEY SERVICE CENTERS PROVIDE A "ONE-STOP" CENTER FOR CLIENTS IN THOSE COUNTIES REQUESTING BASIC NEEDS ASSISTANCE AND PROGRAMS TO INCREASE SELF-SUFFICIENCY. DORCHESTER SERVICE CENTER HOUSES THIRTEEN (13) PROGRAMS WHICH SERVED 17,989 CLIENTS DURING THE YEAR. BERKELEY SERVICE CENTER HOUSES SEVEN (7) PROGRAMS WHICH SERVED 11,369 CLIENTS DURING THE YEAR.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 9: PAGE 6 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION For calendar year 2007, or tax period beginning 07-01-2007, and ending 06-30-2008.

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

Part III - Statement of Program Service Accomplishments

Grants and allocations Amount includes foreign grants Program service expenses 769,043

Exempt Purpose Achievements

CONNECTING THE COMMUNITY - THE CONNECTING THE COMMUNITY PROGRAM AREA IS DESIGNED TO FACILITATE LEVERAGING OF COMMUNITY RESOURCES SUCH AS INFORMATION, CAPACITY BUILDING TRAINING, VOLUNTEERS AND TANGIBLE IN-KIND DONATIONS FOR NON-PROFITS IN THE THE PROGRAMS INCLUDE NATIONAL COMMUNITY ISSUES MANAGEMENT (CIM), LOCAL COMMUNITY ISSUES MANAGEMENT, 211 HOTLINE, TEEN HOTLINE AND DAY OF CARING. 211 HOTLINE PROVIDES 24-HOUR, FREE, CONFIDENTIAL SUPPORTIVE LISTENING, CRISIS INTERVENTION, AND INFORMATION ABOUT COMMUNITY RESOURCES AND VOLUNTEER OPPORTUNITIES AND TAKES OVER 50,000 CALLS A YEAR. DAY OF CARING BRINGS TOGETHER OVER 5000 VOLUNTEERS AND 230 VOLUNTEER PROJECTS IN A SINGLE EVENT ANNUALLY.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 9: PAGE 7 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2007, or tax period beginning	07-01-2007, and ending	06-30-2008.
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Name of Organization TRIDENT UNITED WAY, INC.	Employer Identification Number 57-0314378
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	583,885
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Exempt Purpose Achievements

MISCELLANEOUS AND COMMUNICATION PROGRAMS - THERE ARE MANY SMALLER PROGRAMS AND ONGOING OUTREACH TO LOCAL NON-PROFITS AND COMMUNITY MEMBERS THROUGH COMMUNICATION, MARKETING AND OTHER PUBLIC AWARENESS TOOLS.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 9: PAGE 8 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2007, or tax period beginning	07-01-2007, and ending	06-30-2008.
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Name of Organization TRIDENT UNITED WAY, INC.	Employer Identification Number 57-0314378
--	--

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	637,133
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Exempt Purpose Achievements

TRIDENT UNITED WAY ANNUAL CAMPAIGN DESIGNATED GIFTS.

PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC

INSPECTION

For calendar year 2007, or tax period beginning 07-01-2007, and ending 06-30-2008.

Name of Organization

TRIDENT UNITED WAY, INC.

Employer Identification Number

57-0314378

Part III - Statement of Program Service Accomplishments

Grants and allocations

Amount includes foreign grants

Program service expenses

1,428,471

Exempt Purpose Achievements

COMBINED FEDERAL CAMPAIGN ANNUAL CAMPAIGN DESIGNATED GIFTS.

SCHEDULE OF INVESTMENT SECURITIES

ATTACHMENT 10: PAGE 1 - 990 PAGE 4, PART IV, LINE 54

OPEN TO PUBLIC INSPECTION For calendar year 2007 or tax period beginning 07-01-2007, and ending 06-30-2008.

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

Description of Investment Security	Cost or FMV	EOY Book Value
BONDS	FMV	337,518
MUTUAL FUNDS - BACKED BY CORPORATE BONDS	FMV	584,141
MUTUAL FUNDS - BACKED BY MORTGAGE BACKED BONDS	FMV	492,381
SECURITIES	FMV	2,553,583
Total		3,967,623

SCHEDULE OF LAND, BUILDINGS & EQUIPMENT

ATTACHMENT 11: PAGE 1 - 990 PAGE 4, PART IV, LINE 57

OPEN TO PUBLIC

For Calendar year 2007, or tax year period beginning 07-01-2007 and ending 06-30-2008.

INSPECTION

Name of Organization

Employer Identification Number

TRIDENT UNITED WAY, INC.

57-0314378

Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)
17" MONITOR - OPAQUE	292	291		1
17" MONITOR - OPAQUE	291	291		
17" MONITOR - OPAQUE	291	291		
17" MONITOR	270	260		10
17" MONITOR	541	541		
3 COM 24 PORT	2,804	2,691		113
AIR COND - BERKELEY	1,835	1,835		
AIR CONDITIONING	2,090	2,090		
ANTI VIRUS SOFTWARE	903	903		
APC SMART UPS	885	885		
BATCH TRAX SOFTWARE	995	995		
BOX CARS	365,500	363,425		2,075
BUILDING - BERKELEY	64,808	35,823		28,985
BUILDING IMPROVEMENT	12,899	3,451		9,448
BUILDING IMPROVEMENT	73,300	59,436		13,864
BUILDING IMPROVEMENT	272,806	73,108		199,698
CABLE DSL ROUTER	670	603		67
CD ROM INTERNAL	60	60		
CHAIRS (2)	240	240		
COMPAQ ARMADA	996	996		
COMPAQ ARMADA	996	996		
COMPAQ & CARRY CASE	1,535	1,535		
COMPAQ DESKPRO	1,463	1,463		
COMPAQ EX 733	1,831	1,831		
COMPAQ EX 733	2,144	2,144		
COMPAQ EX CEL 566	1,294	1,294		
COMPAQ EX CEL 566	1,177	1,177		
COMPAQ EX CEL 566	1,055	1,055		
COMPAQ MML 330 SERVE	6,586	6,586		
COMPAQ P3-667	1,161	1,161		
COMPAQ P3-733	1,317	1,317		
COMPAQ P3-733MHZ	991	991		
COMPAQ PROLIANT 3000	26,083	26,083		
COMPUTER & MONITOR	1,666	1,666		
COMPUTER & SOFTWARE	75,811	75,811		
Total	927,586	673,325	254,261	

SCHEDULE OF LAND, BUILDINGS & EQUIPMENT

ATTACHMENT 11: PAGE 2 - 990 PAGE 4, PART IV, LINE 57

OPEN TO PUBLIC
INSPECTION

For Calendar year 2007, or tax year period beginning 07-01-2007 and ending 06-30-2008.

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)
COMPUTER C6300 - (2)	2,598	2,494	104	
COMPUTER CIRCUIT CIT	1,322	1,320	2	
COMPUTER EQUIPMENT	550	495	55	
COMPUTER EQUIPMENT	612	305	307	
COMPUTER EQUIPMENT	2,500	2,500		
COMPUTER PC CONNECT	2,183	2,183		
COMPUTER	1,236	1,236		
COMPUTER	747	671	76	
COMPUTER	713	179	534	
COMPUTER-GATEWAY	1,697	1,697		
COPIER	2,634	2,634		
COPIER	2,198	2,198		
COPIER	7,755	194	7,561	
DESKPRO EP CELL 400	1,768	1,768		
DESKPRO EVO WKSTN	3,609	3,609		
DESKPRO	4,224	4,224		
DISHES	796	796		
E-MAIL SYSTEM	6,200	6,200		
EQUIPMENT	1,304	1,304		
EQUIPMENT	2,326	2,326		
EQUIPMENT	24,695	18,522	6,173	
EQUIPMENT	315	300	15	
EQUIPMENT	141	141		
EQUIPMENT	261	261		
FINANCIAL SYSTEM	12,500	12,500		
GOOD SIGN	960	960		
HEADSET - POLARRIS	136	136		
HO COMPUTER	1,815	908	907	
HOTLINE EQUIPMENT	4,974	4,974		
HP 4L LASER	708	708		
HP COMPUTER	1,182	590	592	
HP LASER JET	2,161	1,944	217	
INSPRION 2500 LAPTOP	1,999	1,999		
INTERIOR FURNISHINGS	108,596	108,596		
IRIS SOFTWARE	4,560	4,560		
Total	211,975	195,432	16,543	

SCHEDULE OF LAND, BUILDINGS & EQUIPMENT

ATTACHMENT 11: PAGE 3 - 990 PAGE 4, PART IV, LINE 57

OPEN TO PUBLIC
INSPECTION

For Calendar year 2007, or tax year period beginning 07-01-2007

and ending 06-30-2008.

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)
IRIS SOFTWARE	3,500	3,500		
IRIS SOFTWARE	7,790	7,790		
LAND	490,000		490,000	
LAP LINK PRO	140	140		
MAILING MACHING	2,098	2,098		
MICROWAVE	168	168		
MITA AI-4040 PRINTER	16,430	16,430		
MITA DC 2360	2,385	2,385		
MONITOR	419	419		
MONITOR	636	636		
MONITOR-BERKELEY	138	138		
OFFICE FURNITURE	1,948	1,948		
OFFICE FURNITURE	2,200	2,200		
OFFICE FURNITURE	170	170		
OFFICE FURNITURE	361	361		
OFFICE FURNITURE	12,473	12,473		
OFFICE FURNITURE	24,305	24,305		
OFFICE FURNITURE	1,998	1,998		
OFFICE FURNITURE	16,866	16,866		
OFFICE FURNITURE	2,654	2,654		
OFFICE FURNITURE	3,696	1,531	2,165	
OFFICE FURNITURE	636	636		
OFFICE FURNITURE	659	659		
OFFICE FURNITURE	329	329		
OFFICE PARTITIONS	3,226	1,613	1,613	
OKIDATA OICOLOR	3,620	3,620		
OKIPAGE 15E PRINTER	413	413		
OKIPAGE 15E PRINTER	827	827		
OKIPAGE 8Z PRINTER	281	281		
OKIPAGE 8Z PRINTER	562	562		
OTHER EQUIPMENT	3,052	3,052		
PARKING LOT REPAIR	5,350	669	4,681	
PENTIUM 75	1,615	1,615		
PLANTS	557	557		
PRINTER CABLE	50	50		
Total	611,552	113,093	498,459	

Total

SCHEDULE OF LAND, BUILDINGS & EQUIPMENT

ATTACHMENT 11: PAGE 4 - 990 PAGE 4, PART IV, LINE 57

OPEN TO PUBLIC
INSPECTION

For Calendar year 2007, or tax year period beginning 07-01-2007

and ending 06-30-2008.

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)
PRINTER OL600E	158	158		
PRINTER	935	218	717	
PRINTER	1,151	230	921	
PRINTER	9,056	1,811	7,245	
PRINTER	7,913	1,583	6,330	
PROAIGNIA P3-600	1,894	1,894		
RIVERS AVENUE BLDG	1,110,000	252,109	857,891	
SHELVING	3,223	3,223		
SIGN	2,843	2,843		
SIGN	75	75		
SINGLE USER IRIS (2)	3,000	3,000		
TELE & DATA	7,546	7,546		
TELEPHONE - BERKELEY	6,537	6,537		
TELEPHONE - CHARLEST	33,612	33,612		
TELEPHONE - DORCHES	2,531	2,531		
TELEPHONE EQUIPMENT	3,055	2,750	305	
TELEPHONE EQUIPMENT	3,786	3,407	379	
TELEPHONE SYSTEM	44,179	34,715	9,464	
TELEPHONE SYSTEM	1,220	1,098	122	
TELEPHONE SYSTEM	5,679	2,840	2,839	
TOP GIVER SOFTWARE	11,885	11,885		
VARIOUS EQUIPMENT	218	218		
VARIOUS EQUIPMENT	898	898		
VARIOUS EQUIPMENT	9,670	9,187	483	
VCR (2)	848	848		
VISUAL FA SYSTEM	788	788		
Total	1,272,700	386,004	886,696	

SCHEDULE OF OTHER ASSETS

ATTACHMENT 12: PAGE 1 - 990 PAGE 4, PART IV, LINE 58

OPEN TO PUBLIC INSPECTION For calendar year 2007 or tax period beginning 07-01-2007, and ending 06-30-2008.

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	385,593	346,104	
CASH HELD ON BEHALF OF OTHERS		156,327	
MISCELLANEOUS		96	
Totals	385,593	502,527	

SCHEDULE OF OTHER REVENUE INCLUDED

ATTACHMENT 13: PAGE 1 - 990 PAGE 5, PART IV-A, LINE B(4)

OPEN TO PUBLIC
INSPECTION

For calendar year 2007 or tax period beginning 07-01-2007 , and ending 06-30-2008.

Name of Organization
TRIDENT UNITED WAY, INC.

Employer Identification Number
57-0314378

Description of Other Revenue	Total Amount
RENTAL EXPENSES	186,758
RELEASED FROM RESTRICTIONS	122,619
Total	309,377

SCHEDULE OF OTHER REVENUE NOT INCLUDED

ATTACHMENT 14: PAGE 1 - 990 PAGE 5, PART IV-A, LINE D(2)

OPEN TO PUBLIC
INSPECTION

For calendar year 2007, or tax period beginning 07-01-2007 , and ending 06-30-2008.

Name of Organization

TRIDENT UNITED WAY, INC.

Employer Identification Number

57-0314378

Description of Other Investment Expenses	Total Amount
BAD DEBT REPORTED IN INCOME SECTION OF AUDIT	734,679
DONOR DESIGNATED GIFTS DEDUCTED FROM INCOME SECTION ON THE AUDIT	2,065,605
Total	2,800,284

SCHEDULE OF FAMILY OR BUSINESS RELATIONSHIPS

ATTACHMENT 15: PAGE 1 990 PAGE 6, PART V, LINE 75B

OPEN TO PUBLIC
INSPECTION

For calendar year 2007 or tax period beginning 07-01-2007, and ending 06-30-2008.

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

First Party

Name of Individual SEE ATTACHED
or
Name of Business

Title or Roll Description _____

Second Party

Name of Individual _____
or
Name of Business

Title or Roll Description _____

Description of Relationship

**FORMER OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES
THAT RECEIVED COMPENSATION OR OTHER BENEFITS**

ATTACHMENT 16: PAGE 1 - 990 PAGE 6, PART V-B

OPEN TO PUBLIC
INSPECTION

For calendar year 2007, or tax period beginning 07-01-2007, and ending 06-30-2008.

Name of Organization

TRIDENT UNITED WAY, INC.

Employer Identification Number

57-0314378

(A) Name and Address	(B) Loans and Advances	(C) Compensation	(D) Cont to Employee Ben. Plans & Def Comp	(E) Expense Account & Other Allowances
SEE 25-A - See next Page.	0	0	0	0

TRIDENT UNITED WAY
FORM 990
JUNE 30, 2008
57-0314378

PART V-A 75b

RELATED PARTY TRANSACTIONS

The Organization has a practice of disclosing all related party transactions. The following is a description of the more significant relationships.

A Board of Directors and finance committee member, Mr. Jeremy Willits, works for the real estate company that handles the rental of excess building space to the public. The Board member may receive a commission when new leases are signed.

A Board of Directors and finance committee member and Trident United Way's Treasurer, Jesse Dove, manages an Ameritrade investment account and receives quarterly management fees based on a percent of the assets managed. This account was opened toward the end of the year ended June 30, 2008 and no fees were paid.

A Board of Directors member, Lisa Montgomery, is also the Chief Financial Officer of a program provider, MUSC Hospital. The Board member receives no personal benefits from Trident United Way. The programs that are run through the other organization are Children's Care and Born to Read.

A Board of Director member, Larry Tarleton, works for a company that rents from Trident United Way. The rents are considered at market value.

BOOKS ARE IN CARE OF

ATTACHMENT 17 - 990 PAGE 7, PART VI, LINE 91A

For calendar year 2007 or tax period beginning 07-01, and ending 06-30-2008.

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

Part VI - Line 91a

Individual Name BENNY EDWARDS
or
Business Name:

Street Address P. O. BOX 63305
NORTH CHARLESTON

U S Address:

Zip code 29419-3305 City NORTH CHARLESTON State SC
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (843) 740-9000

Fax Number

PART VII - ANALYSIS OF INCOME-PRODUCING ACTIVITIES

ATTACHMENT 18: PAGE 1 - 990 PAGE 8, PART VII, LINE 93

OPEN TO PUBLIC
INSPECTION

For calendar year 2007, or tax period beginning 07-01-2007 , and ending 06-30-2008.

Name of Organization
TRIDENT UNITED WAY, INC.

Employer Identification Number
57-0314378

Item	Program Service Revenue	Unrelated business income		Excluded by section 512, 513 or 514		(e) Related or exempt function income (see instructions)
		(a) business code	(b) Amount	(c) Excl. code	(d) Amount	
A	SERVICE FEES					206,899
B	GRANTS AND SERVICE CONTRACTS					314,159
Totals						521,058

SCHEDULE OF OTHER REVENUE

ATTACHMENT 19: PAGE 1 - 990 PAGE 8, PART VII, LINE 103

OPEN TO PUBLIC
INSPECTION

For calendar year 2007 or tax period beginning 07-01-2007 , and ending 06-30-2008.

Name of Organization
TRIDENT UNITED WAY, INC.

Employer Identification Number
57-0314378

Item	Program Service Revenue	Unrelated business income		Excluded by section 512, 513 or 514		(e) Related or exempt function income (see instructions)
		(a) business code	(b) Amount	(c) Excl. code	(d) Amount	
A	MISCELLANEOUS					23,532
Totals						23,532

COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

ATTACHMENT 20: PAGE 1 SCHEDULE A PAGE 1, PART I

OPEN TO PUBLIC
INSPECTION

For calendar year 2007 or tax period beginning 07-01-2007, and ending 06-30-2008.

Name of 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

(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
SEE LINE 25-A AND SCHEDULE 6		0	0	0
<p>No officers other than ones listed on 25-A were paid. The next page list the Board of Directors.</p>				

2008
TRIDENT UNITED WAY
BOARD OF DIRECTORS

Barkley, Nella

Crystal-Barkley Corporation
293 E Bay Street
Charleston, SC 29401
Work: 720-5330
E-Mail nella@careerlife.com

Beckler, Robert K.

MeadWestvaco Corporation
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Work 740-2044
E-Mail bob.beckler@mwv.com

Body, Daniel

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Branham, C. Michael

Young Clement Rivers, LLP
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Campbell, Mike

Boys & Girls Club of the Trident Area, Inc
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Email mcampbell@bgclubta.org

Carter, Lonnie

Santee Cooper
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Davis, Dan

Berkeley County Government
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Dove, Jesse

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E-Mail JesseDove@gmail.com

Dunlap, David L.

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Dunlay, Mark J.

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E-Mail mark.dunlay@alcoa.com

Farrier, Richard A.

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Finn, William A.

AstenJohnson
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E-Mail Bill.Finn@astenjohnson.com

**2008
TRIDENT UNITED WAY
BOARD OF DIRECTORS**

Fishman, Carol

Herzman-Fishman Foundation
247 Saltgrass Court
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Foster, Richard Jr., MD

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E-Mail: rfoster@scha.org

Gabriel, David

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Greene, Molly F.

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Gunn, Terry

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Helmly, William S.

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Hill, F. Kin

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Hutchison, Leonard, III

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Jacobs, Ron

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Kassing, Don E.

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2008
TRIDENT UNITED WAY
BOARD OF DIRECTORS

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Olbrich, Michael

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Russ, John

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Scott, Rita

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E-Mail: rscott@wcsc.com

2008
TRIDENT UNITED WAY
BOARD OF DIRECTORS

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E-Mail: wsettlemyer@crbj.com

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Solomon, Cindi A.

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Work 883-5889
E-Mail cindisolomon@bellsouth.net

Tarleton, Larry

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Work: 937-5532
E-Mail: ltarleton@postandcourier.com

Ward, Jason

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Work 843-832-0103
E-Mail wardj@dorchestercounty.net

White, Thomas S.

22 Morgan Place Drive
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Work. 886-9790
E-Mail: tswmac@me.com

Willits, Jeremy

Grubb & Ellis|Barkley Fraser
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Charleston, SC 29407-4795
Work: 725-7200
E-Mail jwillits@barkleyfraser.com

Whitten, Robert

Showa Denko Carbon, Inc.
478 Ridge Road
P O Box 2947201
Ridgeville, SC 29472-7201
Work 851-5410
E-Mail bwhitten@sdkc.com

Wright, Clarence

SCANA Corporation
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Charleston, SC 29402-0760
Work 851-4909
E-Mail: cwright@scana.com

Zucker, Anita

The InterTech Group, Inc
PO Box 5205
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Work. 571-2538
E-Mail: agzucker@aol.com

**COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS
FOR OTHER SERVICES**

ATTACHMENT 21: PAGE 1 SCHEDULE A PAGE 1, PART II-B

OPEN TO PUBLIC
INSPECTION

For calendar year 2007 or tax period beginning 07-01-2007, and ending 06-30-2008.

Name of Organization

TRIDENT UNITED WAY, INC.

Employer Identification Number

57-0314378

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
AMERICAN RED CROSS	PROGRAM PROVIDER	
NORTH CHARLESTON, SC 29419 FAMILY SERVICES	PROGRAM PROVIDER	273,184
NORTH CHARLESTON, SC 29419 COMMUNITIES IN SCHOOLS OF CHARLESTON	PROGRAM PROVIDER	272,450
NORTH CHARLESTON, SC 29419 CIGNA HEALTHCARE	EMPLOYEE INSURANCE	248,115
NORTH CHARLESTON, SC 29419 CAROLINA YOUTH DEVELOPMENT CENTER	PROGRAM PROVIDER	263,772
NORTH CHARLESTON, SC 29419		232,345

SCHEDULE OF OTHER INCOME

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

OPEN TO PUBLIC
INSPECTION

For Calendar year 2007, or tax year period beginning 07-01-2007

and ending 06-30-2008

Name of Organization

TRIDENT UNITED WAY, INC.

Employer Identification Number

57-0314378

Other Income Description	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
MISCELLANEOUS	120,104	70,925	56,615	260	247,904
Total	120,104	70,925	56,615	260	247,904

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No. **67**

Name(s) shown on return TRIDENT UNITED WAY, INC.	Business or activity to which this form relates FOR FORM 990	Identifying number 57-0314378
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	108,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	430,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	108,000
6 (a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	108,000
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 ... ▶	13	

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

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

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	83,462
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B -- Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C -- Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life		7,755	5	MQ	S/L	194
b 12-year			12 yrs		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations -- see instructions	22	83,656
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

2007 Federal Depreciation Schedule

TRIDENT UNITED WAY, INC
57-0314378

01-09-2009

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Land										
LAND	12-01-91	Land	0	490,000	490,000	0	0	0	0	0
1 Asset			Totals	490,000	490,000	0	0	0	0	0
Buildings										
BUILDING - BERKELEY	12-01-91	S/LMM	30	64,808	0	0	0	64,808	33,663	2,160
BUILDING IMPROVEMENT	12-01-91	S/LMM	40	73,300	0	0	0	73,300	57,603	1,833
GOOD SIGN	12-01-91	S/LMM	15	960	0	0	0	960	960	0
AIR COND - BERKELEY	05-05-92	S/L	15	1,835	0	0	0	1,835	1,835	0
BUILDING IMPROVEMENT	01-01-98	S/LMM	40	12,899	0	0	0	12,899	3,129	322
BUILDING IMPROVEMENT	01-01-98	S/LMM	40	272,806	0	0	0	272,806	66,288	6,820
RIVERS AVENUE BLDG	01-01-98	S/LMM	40	1,110,000	0	0	0	1,110,000	224,359	27,750
PARKING LOT REPAIR	11-18-05	S/LMM	40	5,350	0	0	0	5,350	535	134
8 Assets			Totals	1,541,958	0	0	0	1,541,958	388,372	39,019

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

2007 Federal Depreciation Schedule

TRIDENT UNITED WAY, INC
57-0314378

01-09-2009

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
Office Equipment										
CHAIRS (2)	04-30-89	200DBHY	7	240	0	0	0	240	240	0
MICROWAVE	03-01-91	S/LHY	5	168	0	0	0	168	168	0
TELEPHONE - CHARLEST	04-01-91	S/LHY	8	33,612	0	0	0	33,612	33,612	0
PLANTS	06-01-91	S/LHY	5	557	0	0	0	557	557	0
DISHES	07-01-91	S/LHY	8	796	0	0	0	796	796	0
TELEPHONE - DORCHES	07-01-91	S/LHY	8	2,531	0	0	0	2,531	2,531	0
VCR (2)	10-01-91	S/LHY	8	848	0	0	0	848	848	0
COPIER	10-01-91	S/LHY	5	2,634	0	0	0	2,634	2,634	0
TELEPHONE - BERKELEY	12-01-91	S/LHY	8	6,537	0	0	0	6,537	6,537	0
HEADSET - POLARRIS	08-26-92	S/LHY	8	136	0	0	0	136	136	0
MONITOR-BERKEL EY	12-23-92	S/LHY	5	138	0	0	0	138	131	7
HP 4L LASER	04-25-94	S/LHY	5	708	0	0	0	708	708	0
COMPUTER & SOFTWARE	04-02-95	S/LHY	5	75,811	0	0	0	75,811	75,811	0
PENTIUM 75	10-01-95	S/LHY	5	1,615	0	0	0	1,615	1,615	0
OFFICE FURNITURE	11-19-97	S/LHY	5	16,866	0	0	0	16,866	16,866	0
OFFICE FURNITURE	01-01-98	S/LHY	5	659	0	0	0	659	659	0
OFFICE FURNITURE	01-01-98	S/LHY	5	2,200	0	0	0	2,200	2,200	0
TELE & DATA	01-05-98	S/LHY	10	7,546	0	0	0	7,546	7,546	0
SHELVING	01-06-98	S/LHY	10	3,223	0	0	0	3,223	3,223	0
INTERIOR FURNISHINGS	01-09-98	S/LHY	7	108,596	0	0	0	108,596	108,596	0
OFFICE FURNITURE	01-28-98	S/LHY	5	636	0	0	0	636	636	0
OFFICE FURNITURE	01-29-98	S/LHY	5	24,305	0	0	0	24,305	24,305	0
SIGN	03-30-98	S/LHY	10	2,843	0	0	0	2,843	2,843	0
SIGN	03-30-98	S/LHY	10	75	0	0	0	75	75	0
OFFICE FURNITURE	04-27-98	S/LHY	5	1,948	0	0	0	1,948	1,948	0
MONITOR	07-09-98	S/LHY	5	636	0	0	0	636	610	26
MONITOR	07-09-98	S/LHY	5	419	0	0	0	419	419	0
VISUAL FA SYSTEM	11-29-98	S/LHY	5	788	0	0	0	788	756	32
VARIOUS EQUIPMENT	01-01-99	S/LHY	10	9,670	0	0	0	9,670	8,220	967
VARIOUS EQUIPMENT	01-01-99	S/LHY	10	898	0	0	0	898	855	43
MAILING MACHING	01-29-99	S/LHY	5	2,098	0	0	0	2,098	2,022	76
LAP LINK PRO	02-11-99	S/LHY	5	140	0	0	0	140	134	6
PRINTER OL600E	02-22-99	S/LHY	5	158	0	0	0	158	150	8
COMPUTER C6300-(2)	02-25-99	S/LHY	5	2,598	0	0	0	2,598	2,494	0
PRINTER CABLE	03-01-99	S/LHY	5	50	0	0	0	50	50	0
EQUIPMENT	03-02-99	S/LHY	5	315	0	0	0	315	300	0
17" MONITOR	03-02-99	200DBHY	7	270	0	0	0	270	260	0
3 COM 24 PORT	03-03-99	200DBHY	5	2,804	0	0	0	2,804	2,691	0
MITA AI-4040 PRINTER	05-18-99	S/LHY	5	16,430	0	0	0	16,430	15,774	656
COMPAQ PROLIANT 3000	07-01-99	S/LHY	5	26,083	0	0	0	26,083	26,083	0

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

2007 Federal Depreciation Schedule

TRIDENT UNITED WAY, INC
57-0314378

01-09-2009

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
Office Equipment										
APC SMART UPS	07-02-99	200DBHY	7	885	0	0	0	885	885	0
ANTI VIRUS SOFTWARE	07-02-99	200DBHY	7	903	0	0	0	903	903	0
DESKPRO EP CELL 400	07-15-99	S/LHY	5	1,768	0	0	0	1,768	1,768	0
COMPUTER PC CONNECT	09-29-99	S/LHY	5	2,183	0	0	0	2,183	2,183	0
EQUIPMENT	01-01-00	S/LHY	5	2,326	0	0	0	2,326	2,326	0
EQUIPMENT	01-01-00	S/LHY	5	141	0	0	0	141	141	0
COMPAQ & CARRY CASE	04-25-00	200DBHY	5	1,535	0	0	0	1,535	1,535	0
PROAIGNIA P3-600	05-15-00	S/LHY	5	1,894	0	0	0	1,894	1,894	0
OFFICE FURNITURE	05-15-00	S/LHY	5	361	0	0	0	361	361	0
FINANCIAL SYSTEM	06-08-00	S/LHY	3	12,500	0	0	0	12,500	12,500	0
EQUIPMENT	06-08-00	S/LHY	5	261	0	0	0	261	261	0
OKIDATA OICOLOR	07-12-00	S/LHY	5	3,620	0	0	0	3,620	3,620	0
VARIOUS EQUIPMENT	08-01-00	S/LHY	5	218	0	0	0	218	218	0
BATCH TRAX SOFTWARE	09-30-00	S/LHY	3	995	0	0	0	995	995	0
COMPUTER EQUIPMENT	10-11-00	S/LHY	5	2,500	0	0	0	2,500	2,500	0
OFFICE FURNITURE	10-23-00	S/LHY	5	1,998	0	0	0	1,998	1,908	90
COMPAQ EX 733	10-24-00	200DBHY	7	1,831	0	0	0	1,831	1,831	0
COMPAQ EX 733	10-24-00	200DBHY	5	2,144	0	0	0	2,144	2,144	0
COMPUTER-GATE WAY	10-31-00	S/LHY	5	1,697	0	0	0	1,697	1,696	1
OKIPAGE 8Z PRINTER	01-05-01	S/LHY	5	562	0	0	0	562	562	0
COMPAQ EX CEL 566	01-11-01	S/LHY	5	1,055	0	0	0	1,055	1,055	0
COMPAQ EX CEL 566	01-11-01	200DBHY	5	1,294	0	0	0	1,294	1,294	0
CD ROM INTERNAL	01-11-01	S/LHY	5	60	0	0	0	60	60	0
17" MONITOR - OPAQUE	01-11-01	200DBHY	5	291	0	0	0	291	291	0
17" MONITOR - OPAQUE	01-11-01	200DBHY	5	292	0	0	0	292	291	0
COMPAQ EX CEL 566	01-11-01	200DBHY	5	1,177	0	0	0	1,177	1,177	0
17" MONITOR - OPAQUE	01-11-01	200DBHY	5	291	0	0	0	291	291	0
OKIPAGE 8Z PRINTER	02-05-01	S/LHY	5	281	0	0	0	281	281	0
OKIPAGE 15E PRINTER	02-12-01	S/LHY	5	827	0	0	0	827	827	0
IRIS SOFTWARE	02-14-01	S/LHY	3	7,790	0	0	0	7,790	7,790	0
COMPAQ P3-667	02-19-01	S/LHY	5	1,161	0	0	0	1,161	1,161	0
OKIPAGE 15E PRINTER	03-05-01	S/LHY	5	413	0	0	0	413	413	0
OFFICE FURNITURE	04-06-01	S/LHY	5	329	0	0	0	329	314	15
OFFICE FURNITURE	04-12-01	S/LHY	5	2,654	0	0	0	2,654	2,535	119
17" MONITOR	04-16-01	200DBHY	5	541	0	0	0	541	541	0
OFFICE FURNITURE	04-17-01	S/LHY	5	170	0	0	0	170	162	8

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

2007 Federal Depreciation Schedule

TRIDENT UNITED WAY, INC.
57-0314378

01-09-2009

Description	Date	Method	Year	Cost	Land/ Other	\$179	Spec Allow	Basis	Prior	Current
Office Equipment										
COMPAQ P3-733MHZ	04-18-01	S/LHY	5	991	0	0	0	991	991	0
OFFICE FURNITURE	04-20-01	S/LHY	5	12,473	0	0	0	12,473	11,918	555
COMPAQ ARMADA	04-26-01	200DBHY	5	996	0	0	0	996	996	0
COMPAQ ARMADA	04-26-01	200DBHY	5	996	0	0	0	996	996	0
INSPRION 2500 LAPTOP	05-31-01	S/LHY	5	1,999	0	0	0	1,999	1,999	0
HOTLINE EQUIPMENT	06-15-01	S/LHY	5	4,974	0	0	0	4,974	4,974	0
COMPUTER	06-29-01	S/LHY	5	1,236	0	0	0	1,236	1,236	0
OTHER EQUIPMENT	07-01-01	S/L	3	3,052	0	0	0	3,052	3,052	0
E-MAIL SYSTEM	07-16-01	S/LHY	5	6,200	0	0	0	6,200	6,200	0
COMPAQ DESKPRO	07-17-01	200DBHY	5	1,463	0	0	0	1,463	1,463	0
SINGLE USER IRIS (2)	08-16-01	S/LHY	5	3,000	0	0	0	3,000	3,000	0
MITA DC 2360 EQUIPMENT	09-28-01	S/L	5	2,385	0	0	0	2,385	2,385	0
DESKPRO EVO WKSTN	03-30-02	S/LHY	5	1,304	0	0	0	1,304	1,304	0
DESKPRO EVO WKSTN	05-09-02	S/LHY	5	3,609	0	0	0	3,609	3,609	0
COMPAQ MML 330 SERVE	05-21-02	S/LHY	5	6,586	0	0	0	6,586	6,586	0
DESKPRO	07-16-02	S/LHY	5	4,224	0	0	0	4,224	3,802	422
AIR CONDITIONING	09-26-02	200DBHY	7	2,090	0	0	0	2,090	1,998	92
COMPUTER & MONITOR	09-30-02	S/LHY	5	1,666	0	0	0	1,666	1,499	167
COMPUTER CIRCUIT CIT	10-11-02	S/LHY	5	1,322	0	0	0	1,322	1,188	132
IRIS SOFTWARE	10-31-02	S/LHY	5	4,560	0	0	0	4,560	4,104	456
TOP GIVER SOFTWARE	11-25-02	S/LHY	5	11,885	0	0	0	11,885	10,697	1,188
COPIER	04-15-03	S/LHY	5	2,198	0	0	0	2,198	1,980	218
COMPUTER EQUIPMENT	09-22-03	S/LHY	5	550	0	0	0	550	385	110
HP LASER JET	10-08-03	S/LHY	5	2,161	0	0	0	2,161	1,512	432
CABLE DSL ROUTER	10-21-03	S/L	5	670	0	0	0	670	469	134
TELEPHONE SYSTEM	12-02-03	S/LHY	7	44,179	0	0	0	44,179	28,402	6,313
TELEPHONE EQUIPMENT	12-02-03	S/LHY	5	3,786	0	0	0	3,786	2,650	757
TELEPHONE EQUIPMENT	12-02-03	S/LHY	5	3,055	0	0	0	3,055	2,139	611
TELEPHONE SYSTEM	12-02-03	S/LHY	5	1,220	0	0	0	1,220	854	244
COMPUTER	01-28-04	S/LHY	5	747	0	0	0	747	522	149
COMPAQ P3-733	03-23-04	S/LHY	5	1,317	0	0	0	1,317	1,317	0
IRIS SOFTWARE	05-11-04	S/LHY	3	3,500	0	0	0	3,500	3,500	0
EQUIPMENT	06-30-05	S/LHY	5	24,695	0	0	0	24,695	13,583	4,939
HP COMPUTER	08-15-05	S/LHY	5	1,182	0	0	0	1,182	354	236
OFFICE FURNITURE	09-15-05	S/LHY	5	3,696	0	0	0	3,696	792	739
TELEPHONE SYSTEM	10-18-05	S/LHY	5	5,679	0	0	0	5,679	1,704	1,136
OFFICE PARTITIONS	11-18-05	S/LHY	5	3,226	0	0	0	3,226	968	645

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

2007 Federal Depreciation Schedule

TRIDENT UNITED WAY, INC
57-0314378

01-09-2009

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Office Equipment										
COMPUTER EQUIPMENT	11-30-05	S/LHY	5	612	0	0	0	612	183	122
HO COMPUTER	12-31-05	S/LHY	5	1,815	0	0	0	1,815	545	363
COMPUTER	10-25-06	S/LHY	5	713	0	0	0	713	36	143
PRINTER	11-06-06	S/LHY	5	935	0	0	0	935	31	187
PRINTER	04-25-07	S/LMQ	5	9,056	0	0	0	9,056	0	1,811
PRINTER	04-25-07	S/LMQ	5	1,151	0	0	0	1,151	0	230
PRINTER	06-30-07	S/LMQ	5	7,913	0	0	0	7,913	0	1,583
COPIER	06-15-08	S/LMQ	5	7,755	0	0	0	7,755	0	194
121 Assets			Totals	626,355	0	0	0	626,355	550,676	26,362
Transportation Equipment										
BOX CARS	01-01-95	S/L	20	365,500	0	0	0	365,500	345,150	18,275
1 Asset			Totals	365,500	0	0	0	365,500	345,150	18,275
131 Assets			Grand Totals	3,023,813	490,000	0	0	2,533,813	1,284,198	83,656

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization TRIDENT UNITED WAY, INC.	Employer identification number 57-0314378
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 63305	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions NORTH CHARLESTON SC 29419-3305	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► SEE ATTACHMENT #2

Telephone No. ► _____ FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 20 09, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► calendar year 20__ or

► tax year beginning JULY 01, 20 07, and ending JUNE 30, 20 08

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P O box, see instructions	For IRS use only
	City, town or post office state, and ZIP code For a foreign address, see instructions.	

- Check type of return to be filed** (File a separate application for each return):
- | | | | |
|--------------------------------------|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

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

- The books are in the care of _____
 Telephone No. ▶ (_____) _____ FAX No. ▶ (_____) _____
 - If the organization does not have an office or place of business in the United States, check this box
 - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box. and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until _____, 20_____.
- 5 For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension _____

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

Signature and Verification

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

Signature ▶ Carol S. Hubbard Title ▶ Tax Preparer Date ▶ 11-03-08