

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

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

A For the **2009** calendar year, or tax year beginning **JULY 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type C Name of organization TRIDENT UNITED WAY Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 63305 City or town, state or country, and ZIP + 4 NORTH CHARLESTON, SC 29419-3305	D Employer identification number 57-0314378
	See Specific Instructions F Name and address of principal officer: CHRIS KERRIGAN SAME AS C ABOVE	E Telephone number (843) 740-9000
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ 10896811.
	J Website: WWW.TUW.ORG	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1946 M State of legal domicile: SC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TUW SERVES THE COMMUNITY THROUGH EDUCATION, INCOME, HEATH, SAFETY NET AND CONNECTING THE COMMUNITY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	43
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	43
	5 Total number of employees (Part V, line 2a)	5	72
	6 Total number of volunteers (estimate if necessary)	6	8952
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34	7a 7b	0. 0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 9759110.	Current Year 10049726.
	9 Program service revenue (Part VIII, line 2g)	353389.	356057.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-376461.	299756.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	72216.	-47377.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9808254.	10658162.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5772930.
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2504511.	2566737.
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1213645.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1603608.	1626087.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9881049.	10300277.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-72795.	357885.
	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year 14852918.	End of Year 15132533.
		1024913.	922136.
		13828005.	14210397.

Part II Signature Block

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

Sign Here
 Signature of officer: *Chris Kerrigan*
 Date: **MAY 9, 2011**
CHRIS KERRIGAN, PRESIDENT
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: *Carol S. Hubbard*
 Date: **3-7-11**
 Check if self-employed:
 Preparer's identifying number (see instructions):
 Firm's name (or yours if self-employed), address, and ZIP + 4: **HUBBARD DAVIS CPAS, LLP**
990 LAKE HUNTER CIRCLE, STE 207
MOUNT PLEASANT, SC 29464
 EIN: _____
 Phone no.: **843-881-3315**

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

SCANNED JUN 13 2011

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION TRIDENT UNITED WAY (THE ORGANIZATION) ESTABLISHES A COMMUNITY STRATEGY AND IMPLEMENTS SOCIAL SERVICES AGENDA IN FIVE (5) PROGRAM AREAS: EDUCATION, INCOME (FINANCIAL STABILITY), HEALTH, SAFETY NET AND CONNECTING THE COMMUNITY. IN ADDITION, FINANCIAL SUPPORT TO**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ **4181008.** including grants of \$) (Revenue \$ **4181008.**)

COMMUNITY INVESTMENTS

COMMUNITY INVESTMENT IS THE PROCESS BY WHICH TRIDENT UNITED WAY, GUIDED BY HUNDREDS OF VOLUNTEERS, DETERMINES HOW BEST TO INVEST THE FINANCIAL RESOURCES CONTRIBUTED BY DONORS IN PROGRAMS THAT HELP PEOPLE IN NEED IN THE TRI-COUNTY COMMUNITY.

TRIDENT UNITED WAY IS FOCUSED ON THE ISSUES OF EDUCATION, INCOME AND HEALTH. THESE ARE THE BUILDING BLOCKS OF A GOOD LIFE; A QUALITY EDUCATION THAT LEADS TO A STABLE JOB THAT PROVIDES ENOUGH INCOME TO RAISE A FAMILY AND GOOD HEALTH.

ROUGHLY 200 VOLUNTEERS FROM THROUGHOUT BERKELEY, CHARLESTON AND

4b (Code:) (Expenses \$ **1021636.** including grants of \$) (Revenue \$ **1021636.**)

CONNECTING THE COMMUNITY

TRIDENT UNITED WAY CREATES SYSTEMS TO INFORM AND MOBILIZE THE COMMUNITY, WITH PARTICULAR EMPHASIS ON PROMOTING VOLUNTEERISM IN THE TRI-COUNTY REGION. THE CONNECTING THE COMMUNITY PROGRAM AREA IS ANCHORED BY 2-1-1 HOTLINE, WHICH ALLOWS RESIDENTS OF THE LOWCOUNTRY TO GET OR GIVE HELP 24-HOURS-A-DAY. EMPLOYING THE STATES MOST COMPREHENSIVE AND UP-TO-DATE DATABASE OF COMMUNITY RESOURCES, 2-1-1 HOTLINE IS FREE AND CONFIDENTIAL, AND SERVED MORE THAN 50,000 CALLERS IN 2009. MOST OF THE CALLS ARE FOR HELP WITH BASIC NEEDS, BUT 2-1-1 ALSO ANSWERS CALLS ABOUT CHILD ABUSE, SUICIDE AND OTHER CRISES.

THE VOLUNTEER ASPECT OF 2-1-1 HOTLINES WORK STARTS WITH TRIDENT UNITED

4c (Code:) (Expenses \$ **599074.** including grants of \$) (Revenue \$ **599074.**)

EDUCATION

TRIDENT UNITED WAY EDUCATION INITIATIVES ARE AIMED AT HELPING YOUNG CHILDREN PREPARE TO SUCCEED IN SCHOOL AND GRADUATE HIGH SCHOOL. THESE TWIN GOALS ARE THE FIRST STEP IN BECOMING HEALTHY, HAPPY AND PRODUCTIVE CITIZENS.

TRIDENT UNITED WAY INVESTED \$1.6 MILLION IN EDUCATION PROGRAMS, INCLUDING NEARLY \$1 MILLION IN ITS INNOVATIVE LINKS TO SUCCESS, A RESEARCH-BACKED SCHOOL-BASED ACADEMIC SUCCESS INITIATIVE THAT BRINGS ACADEMIC AND NON-ACADEMIC PROGRAMS INTO LOW-PERFORMING SCHOOLS. THE INITIATIVE HAS PRODUCED IMPRESSIVE RESULTS; ROUGHLY 80% HAVE IMPROVED THEIR STANDARDIZED TEST SCORES; BECAUSE MULTIPLE PARTNER ORGANIZATIONS

4d Other program services. (Describe in Schedule O.)
(Expenses \$ **2925412.** including grants of \$) (Revenue \$ **2881380.**)

4e Total program service expenses ► \$ **8727130.**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **SC**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MARK CARMICHAEL - (843)740-9000**
P. O. BOX 63305, NORTH CHARLESTON, SC 29419

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NELLA G. BARKLEY	2.00	X					0.	0.	0.	
CINDY BRAMS	2.00	X					0.	0.	0.	
LONNIE CARTER CHAIR	6.00	X		X			0.	0.	0.	
GIFF DAUGHTRIDGE	2.00	X					0.	0.	0.	
DAN DAVIS	2.00	X					0.	0.	0.	
DAVID L. DUNLAP	2.00	X					0.	0.	0.	
MARK J. DUNLAY	2.00	X					0.	0.	0.	
RICHARD A. FARRIER	2.00	X					0.	0.	0.	
CAROL FISHMAN	2.00	X					0.	0.	0.	
TODD GALLATI	2.00	X					0.	0.	0.	
JERRY P. GAZES	2.00	X					0.	0.	0.	
DAVID A. GEER	2.00	X					0.	0.	0.	
JAMES W. GRAY	2.00	X					0.	0.	0.	
MOLLY F. GREENE	2.00	X					0.	0.	0.	
WILLIAM HAWKINS	2.00	X					0.	0.	0.	
WILLIAM S. HELMLY	2.00	X					0.	0.	0.	
F. KIN HILL	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE W. HOFFMAN	2.00	X						0.	0.	0.
RON JOCOBS	2.00	X						0.	0.	0.
DON E. KASSING CAMPAIGN CHAIR	5.00	X		X				0.	0.	0.
MACK DAVID	2.00	X						0.	0.	0.
CHAD MAYER	2.00	X						0.	0.	0.
NANCY J. MCGINLEY	2.00	X						0.	0.	0.
JULIE MEDICH	2.00	X						0.	0.	0.
LISA MITCHELL	2.00	X						0.	0.	0.
LISA MONTGOMERY	2.00	X						0.	0.	0.
WILLIAM A. MOODY COMMUNITY BUILDING CHAIR	5.00	X		X				0.	0.	0.
1b Total								316718.	0.	316718.

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

1

- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
CIS CHARLESTON , CHARLESTON, SC 29401	EDUCATION LINKS TO SUCCESS	259500.
AMERICAN RED CROSS, CAROLINA LOWCOUNTRY CHA , CHARLESTON, SC 29401	PROGRAM SERVICES	243682.
BOYS & GIRLS CLUBS OF THE TRIDENT AREA , CHARLESTON, SC 29401	PROJECT LEARNING	173000.
THE DEE NORTON LOWCOUNTRY CHILDREN'S CENTER , CHARLESTON, SC 29401	PROGRAM SERVICES - CHILD ABUSE	159383.
MUSC CHILDREN'S CARE NETWORK , CHARLESTON, SC 29401	EDUCATION SERVICES	126424.

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

6

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

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	304516.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9745210.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		10049726.			
Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code	356057.	356057.		
	b	519100				
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		356057.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		216543.	216543.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	191272.			
		(ii) Personal	238649.			
			-47377.			
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		-47377.	-47377.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	83213.			
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)	83213.			
	d Net gain or (loss)		83213.	83213.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses						
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			10658162.	608436.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	6107453.	6107453.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	414148.	236786.	60176.	117186.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1551539.	945303.	130386.	475850.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	246232.	169739.	18602.	57891.
9 Other employee benefits	208783.	103957.	25521.	79305.
10 Payroll taxes	146035.	87753.	14146.	44136.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	50412.	30316.	4887.	15209.
g Other	34706.	12650.	9307.	12749.
12 Advertising and promotion	143087.	88193.	18495.	36399.
13 Office expenses	224372.	74477.	60235.	89660.
14 Information technology				
15 Royalties				
16 Occupancy	179191.	72870.	93953.	12368.
17 Travel	53759.	29708.	5150.	18901.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	126204.	56409.	8907.	60888.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63717.	21914.	30891.	10912.
23 Insurance	23082.	11497.	7455.	4130.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONTRACT SERVICES	618014.	506083.	70493.	41438.
b PRINTING	155556.	69898.	9560.	76098.
c MISCELLANEOUS	91498.	50201.	19583.	21714.
d UW NATIONAL FEES	90096.	51923.	10162.	28011.
e ALLOCATIONS	11042.		242.	10800.
f All other expenses	-238649.		-238649.	
25 Total functional expenses. Add lines 1 through 24f	10300277.	8727130.	359502.	1213645.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	3422413.	1	2716207.
	2	Savings and temporary cash investments	2981518.	2	413351.
	3	Pledges and grants receivable, net	3937209.	3	3775880.
	4	Accounts receivable, net	112933.	4	133140.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	123193.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2722661.		
	b	Less: accumulated depreciation	10b 1132768.	10c	1589893.
	11	Investments - publicly traded securities	2083663.	11	6381317.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	676427.	15	-448.
16	Total assets. Add lines 1 through 15 (must equal line 34)	14852918.	16	15132533.	
Liabilities	17	Accounts payable and accrued expenses	1024913.	17	922136.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1024913.	26	922136.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	8170209.	27	8781892.
	28	Temporarily restricted net assets	5041012.	28	4960977.
	29	Permanently restricted net assets	616784.	29	467528.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	13828005.	33	14210397.	
34	Total liabilities and net assets/fund balances	14852918.	34	15132533.	

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **TRIDENT UNITED WAY** Employer identification number **57-0314378**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8591930.	10768114.	10324337.	10252152.	10405783.	50342316.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8591930.	10768114.	10324337.	10252152.	10405783.	50342316.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						50342316.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	8591930.	10768114.	10324337.	10252152.	10405783.	50342316.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	225705.	711229.	268802.	376461.	299756.	1881953.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	70925.	120104.	23532.	5358.	-47377.	172542.
11 Total support. Add lines 7 through 10						52396811.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	96.08	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

TRIDENT UNITED WAY

Employer identification number

57-0314378

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

 - Total number of conservation easements
 - Total acreage restricted by conservation easements
 - Number of conservation easements on a certified historic structure included in (a)
 - Number of conservation easements included in (c) acquired after 8/17/06
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	616784.				
b Contributions	82032.				
c Net investment earnings, gains, and losses	-3220.				
d Grants or scholarships	-12000.				
e Other expenditures for facilities and programs	216068.				
f Administrative expenses					
g End of year balance	491528.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment 100.00 %
 - c Term endowment %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		490000.		490000.
b Buildings		1539163.	502635.	1036528.
c Leasehold improvements				
d Equipment				
e Other		693498.	630133.	63365.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1589893.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

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

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

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

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10658162.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10300277.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	357885.
4	Net unrealized gains (losses) on investments	4	240575.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-216068.
9	Total adjustments (net) Add lines 4 through 8	9	24507.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	382392.

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

1	Total revenue, gains, and other support per audited financial statements	1	8879081.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	240575.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	238649.
e	Add lines 2a through 2d	2e	479224.
3	Subtract line 2e from line 1	3	8399857.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	50412.
b	Other (Describe in Part XIV.)	4b	2207893.
c	Add lines 4a and 4b	4c	2258305.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10658162.

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

1	Total expenses and losses per audited financial statements	1	8280621.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	238649.
e	Add lines 2a through 2d	2e	238649.
3	Subtract line 2e from line 1	3	8041972.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	50412.
b	Other (Describe in Part XIV.)	4b	2207893.
c	Add lines 4a and 4b	4c	2258305.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10300277.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

TRIDENT UNITED WAY

Employer identification number
57-0314378

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUW DONOR DESIGNATIONS P.O. BOX 63305 NORTH CHARLESTON, SC 29419			966608.	0.			TUW DONOR DESIGNATIONS FROM ANNUAL CAMPAIGN
CFC DONOR DESIGNATIONS P.O. BOX 63305 NORTH CHARLESTON, SC 29419			1241285.	0.			COMBINED FEDERAL CAMPAIGN DONOR DESIGNATIONS COMMUNITY INVESTMENTS
TUW - BOARD DIRECTED ALLOCATIONS TO OTHER NOT FOR PROFITS - P.O. BOX 63305 - NORTH CHARLESTON, SC 29419			3910602.	0.			FROM TUW - SELECTED BY A COMMITTEE OF COMMUNITY LEADERS AND MONITORED BY

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

3 Enter total number of other organizations

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2008

TRIDENT UNITED WAY

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

SCHEDULE I, PART I, LINE 2: DONOR DESIGNATIONS AND THERE IS A COMMUNITY INVESTMENT COMMITTEE MADE UP OF COMMUNITY LEADERS THAT SELECT GRANT RECIPIENTS BASED ON APPLICATIONS AND PROGRAM MONITORING.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

TUW - BOARD DIRECTED ALLOCAIONS TO OTHER NOT FOR PROFITS

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY INVESTMENTS FROM TUW -

SELECTED BY A COMMITTEE OF COMMUNITY LEADERS AND MONITORED BY TUW.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2009

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **TRIDENT UNITED WAY** Employer identification number **57-0314378**

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 4B: PART I, LINE 4B

THIS FIGURE INCLUDES A ONE-TIME \$133,154.88 PAYMENT THAT WAS NOT PART OF THE CEOS ANNUAL SALARY AND WAS DONATED BACK TO TRIDENT UNITED WAY.

IN 2001, THE CEO WAS OFFERED AN EMPLOYMENT AGREEMENT BY TRIDENT UNITED WAY (TUW). TO INSURE HIS LONG TERM SERVICE, A SUPPLEMENTAL RETIREMENT/DEFERRED COMPENSATION PLAN WAS OFFERED. UNDER HIS LEADERSHIP TUW HAS BEEN RECOGNIZED AS ONE OF THE LEADING UNITED WAYS IN THE COUNTRY FOR INNOVATION, GROWTH, ACCOUNTABILITY AND OUTCOME MEASUREMENT.

WITH THE CHANGES IN FEDERAL LAWS AND THE EXPIRATION OF THE AGREEMENT, THE CEO WAS REQUIRED TO TAKE THE RETIREMENT BENEFIT IN ONE LUMP-SUM PAYMENT IN DECEMBER 2009. ALTHOUGH REFLECTED HERE AS INCOME, INSTEAD OF ACCEPTING THE \$133,154.88 BENEFIT THAT HE HAD EARNED, HE AND HIS WIFE DONATED 100% OF THE AFTER-TAX PROCEEDS TO TRIDENT UNITED WAY.

IN THE SPRING OF 2010, TUW BOARD OF DIRECTORS CONTRACTED WITH A LEADING COMPENSATION EXPERT TO REVIEW AND COMPARE COMPENSATION LEVELS AGAINST OTHER

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

LARGE NOT FOR PROFIT ORGANIZATIONS IN THE CHARLESTON AREA. HER REPORT FOUND THAT HALF OF THE OTHER CEOS WERE PAID A SALARY AT OR HIGHER THAN TUWS CEO. IN NEXT YEARS TUW 990 TAX FILING, IT WILL MORE ACCURATELY REFLECT SIGNIFICANTLY LOWER COMPENSATION LEVELS. TUW FUNDRAISING AND ADMINISTRATIVE COSTS ARE WELL WITHIN THE GUIDELINES OF THE BETTER BUSINESS BUREAU AND LOWER THAN MANY NATIONAL HEALTH AGENCIES.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

TRIDENT UNITED WAY

Employer Identification number

57-0314378

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GENE OSWALT	2.00	X						0.	0.	0.
ANTHONY PARKER	2.00	X						0.	0.	0.
CHARLES PATRICK	2.00	X						0.	0.	0.
GRETCHEN PENNEY	2.00	X						0.	0.	0.
JOHN RUSS TREASURER	5.00	X		X				0.	0.	0.
DAVID R. SCHOOLS	2.00	X						0.	0.	0.
RITA SCOTT	2.00	X						0.	0.	0.
KENNETH SEEGER	2.00	X						0.	0.	0.
CHERIE TOLLEY	2.00	X						0.	0.	0.
JASON WARD	2.00	X						0.	0.	0.
ROBERT WHITTEN	2.00	X						0.	0.	0.
JEREMY WILLITS	2.00	X						0.	0.	0.
PATRICIA WILSON	2.00	X						0.	0.	0.
COL. JOHN WOOD	2.00	X						0.	0.	0.
LINDA WOODSIDE	2.00	X						0.	0.	0.
CLARENCE WRIGHT	2.00	X						0.	0.	0.
ANITA ZUCKER	2.00	X						0.	0.	0.
CHRIS KERRIGAN PRESIDENT	50.00				X	X		316718.	0.	316718.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
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OMB No 1545-0047

2009

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Name of the organization

TRIDENT UNITED WAY

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57-0314378

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

PROGRAMS.

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

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.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DORCHESTER COUNTIES SPENT THOUSANDS OF HOURS APPRAISING APPLICATIONS,
INTERVIEWING AGENCY STAFF, REVIEWING BUDGETS AND DECIDING WHAT PROGRAMS
TO INVEST IN FOR BEST COMMUNITY RESULTS. TRIDENT UNITED WAY STAFF VISIT
PROGRAMS DURING THE YEAR TO ENSURE THAT THOSE INVESTMENTS ARE BEING
WELL-USED. STAFF ALSO PROVIDES TECHNICAL SUPPORT TO NON-PROFIT AGENCIES
TO HELP THEM WITH THEIR PROGRAM OUTCOMES.

TRIDENT UNITED WAY HAS AN UNWAVERING COMMITMENT TO TWO PRINCIPLES THAT
UNDERLIE ALL COMMUNITY INVESTMENTS: FISCAL RESPONSIBILITY AND
MEASURABLE RESULTS. VOLUNTEERS ARE TRAINED BY STAFF TO INVEST COMMUNITY
DOLLARS IN PROGRAMS THAT MEASURABLY IMPROVE PEOPLES LIVES.

TRIDENT UNITED WAY INVESTS ABOUT \$4 MILLION IN PROGRAMS RUN BY OTHER
ORGANIZATIONS, PLUS ROUGHLY ANOTHER \$2.5 MILLION IN HIGHLY COORDINATED
AND EFFICIENTLY DELIVERED PROGRAMS, SUCH AS 2-1-1 HOTLINE AND DAY OF

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Department of the Treasury
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CARING THAT ARE DESIGNED TO HELP THOUSANDS OF LOWCOUNTRY RESIDENTS
IMPROVE THEIR LIVES EVERY DAY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

WAY DAY OF CARING, CONSISTENTLY THE LARGEST DAY OF CARING IN THE
NATION. IN 2009, 6,300 PEOPLE VOLUNTEERED ON SEPT. 11 AT 250 PROJECTS
AROUND THE THREE COUNTIES. THAT OUTPOURING OF SUPPORT IS WORTH \$1
MILLION IN LABOR AND SUPPLIES AND HAS BEEN DOCUMENTED TO INCITE FURTHER
VOLUNTEERISM THROUGHOUT THE YEAR BY BOTH COMPANIES AND INDIVIDUALS.
THOSE INTERESTED IN OTHER VOLUNTEER OPPORTUNITIES CAN DIAL 2-1-1,
SEARCH ONLINE, OR CONSULT THE GO VOLUNTEER GUIDE, A COMPREHENSIVE
VOLUNTEER OPPORTUNITY COMPENDIUM PUBLISHED ANNUALLY BY TUW.

TRIDENT UNITED WAY ALSO ORGANIZES TRI-COUNTY YOUTH SERVICE DAY, A DAY
OF CARING FOR TEENS, IN APRIL. ROUGHLY 600 YOUTH PARTICIPATED IN 2009.
RESEARCH SHOWS THAT CHILDREN WHO VOLUNTEER IN THEIR COMMUNITY ARE
SIGNIFICANTLY MORE LIKELY TO CONTINUE INTO ADULTHOOD.

FUNDED PARTNERS WORKING TO CONNECT PEOPLE TO RESOURCES HAVE
DEMONSTRATED MEASURABLE RESULTS. THE RED CROSS RETIRED & SENIOR
VOLUNTEER PROGRAM (RSVP) CONNECTED MORE THAN 1,700 VOLUNTEERS TO
NON-PROFIT AGENCIES, HELPING 73% OF THEM INCREASE THEIR VOLUNTEER BASE.
MORE THAN HALF OF THE PARTICIPANTS IN THE RED CROSS VOLUNTEER SERVICES
PROGRAM DECIDED TO VOLUNTEER ELSEWHERE AS WELL.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2009

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TRIDENT UNITED WAY

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57-0314378

WORK CLOSELY WITH THE SCHOOLS THEMSELVES TO DELIVER SPECIFIC SERVICES
DIRECTLY TO AT-RISK CHILDREN.

A SPECIAL SERVICE PROVIDED BY TRIDENT UNITED WAY FOR THE LAST DECADE IS
CHILD CARE RESOURCE & REFERRAL (CCR&R), WHICH HELPS THOUSANDS OF
FAMILIES, FIND THE CHILD CARE THAT IS RIGHT FOR THEM AND WORKS WITH
CHILD CARE PROVIDERS TO IMPROVE THE QUALITY OF THEIR CARE. CCR&R HAS
HELPED LOCAL CHILD CARE PROVIDERS EARN NATIONAL ACCREDITATION.

OUR PARTNERS ACHIEVED NOTABLE QUANTIFIABLE RESULTS. AT THE BIG BROTHER
BIG SISTERS PROGRAM, OPERATED BY CAROLINA YOUTH DEVELOPMENT CENTER, 73%
OF AT-RISK LITTLES ABSTAINED FROM ANTI-SOCIAL BEHAVIOR. NEARLY ALL OF
THE GIRLS AT FLORENCE CRITTENTON RESIDENTIAL PROGRAM IMPROVED BOTH
THEIR MATH AND READING SCORES. ALL OF THE WOMEN IN MUSC FAMILY LITERACY
PROGRAM INCREASED THE AMOUNT OF TIME THEY SPENT READING WITH THEIR
BABIES.

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

HEALTH

TRIDENT UNITED WAY HEALTH INITIATIVES FOCUS ON HELPING PEOPLE GET THE
RIGHT CARE AT THE RIGHT TIME IN THE RIGHT PLACE. SPECIFICALLY, TUW IS
WORKING TO IMPROVE ACCESS TO HEALTH CARE AND TO HELP REDUCE THE
INCIDENCE OF PREVENTABLE CHRONIC DISEASES IN OUR COMMUNITY.

MOST NOTABLE IS TUW WORK CONVENING AN UNPRECEDENTED COLLABORATION OF
AREA HEALTH CARE PROVIDERS IN AN EFFORT TO PROVIDE CARE TO LOW-INCOME

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

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TRIDENT UNITED WAY

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57-0314378

UNINSURED PEOPLE IN A MORE COMPREHENSIVE AND COST-EFFECTIVE WAY. KNOWN
AS ACCESSHEALTH AND WILL BE FUNDED BY A \$750,000 DUKE ENDOWMENT GRANT,
THIS EFFORT INVOLVES ALL FOUR ACUTE CARE HOSPITAL SYSTEMS AND DOZENS OF
OTHER PROVIDERS. BECAUSE THE COST OF CARE FOR THE UNINSURED IS
ULTIMATELY BORNE BY EVERYONE ELSE, ACCESSHEALTH COULD EVENTUALLY HELP
SLOW THE INCREASE IN YOUR HEALTH CARE COSTS.

FUNDED PARTNERS WORKING TO IMPROVE PEOPLES HEALTH HAVE DEMONSTRATED
MEASURABLE RESULTS. WELLVISTA SMILES FOR A LIFETIME PROGRAM TAUGHT 99%
OF THE 339 CHILDREN THEY SAW HOW TO PROPERLY BRUSH THEIR TEETH.
TWO-THIRDS OF THEM IMPROVED THEIR ORAL HYGIENE. CLIENTS OF TRI COUNTY
PROJECT CARE REDUCED THEIR ER VISITS BY HALF. NEARLY HALF OF THE
DIABETES PATIENTS SEEN THROUGH PALMETTO PROJECT ACCESSNET IMPLEMENTED
SELF-CARE PLANS TO AVOID COMPLICATIONS AND HOSPITALIZATION.
EXPENSES \$ 93712. INCLUDING GRANTS OF \$ 0. REVENUE \$ 93712.

INCOME (FINANCIAL STABILITY)

TRIDENT UNITED WAY INCOME INITIATIVES ARE AIMED AT HELPING FAMILIES
BECOME FINANCIALLY STABLE AND BEGIN TO BUILD FINANCIAL ASSETS.

TRIDENT UNITED WAY INVESTED MORE THAN ONE MILLION DOLLARS IN PROGRAMS
THAT HELP PEOPLE BUILD FINANCIAL ASSETS. AMONG THESE IS A UNIQUE
PARTNERSHIP AMONG TUW, TRIDENT URBAN LEAGUE AND THE IRS TO PROVIDE FREE
TAX PREPARATION SERVICES TO HARD-WORKING LOW- AND MODERATE-INCOME
FAMILIES. THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM HELPED

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

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2009

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TRIDENT UNITED WAY

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2,600 FAMILIES CLAIM \$2.7 MILLION IN CREDITS AND REFUNDS, AND AVOID
UNSCRUPULOUS TAX PREPARERS THAT CHARGE OUTRAGEOUS FEES AND PUSH
UNNECESSARY AND EXPENSIVE RAPID REFUND LOANS.

OUR FUNDED PARTNERS HAVE PRODUCED SOME IMPRESSIVE RESULTS. NINETY-FIVE
PERCENT OF DEVELOPMENTALLY DISABLED CLIENTS OF THE BERKELEY INDUSTRIES
SKILLS TRANSITION PROGRAM AT BERKELEY CITIZENS, INC. HELD JOBS AND 93%
OF THEM IMPROVED THEIR VOCATIONAL SKILLS. EIGHTY-SIX PERCENT OF THE
CLIENTS IN CRISIS MINISTRIES TRANSITIONAL PROGRAM GAINED THE RESOURCES;
USUALLY THROUGH EMPLOYMENT; TO MOVE INTO COMMUNITY HOUSING. OF THE 61
CLIENTS OF TRIDENT LITERACY ASSOCIATION'S ADULT EDUCATION PROGRAM WHO
TOOK THE GED EXAM, 53 PASSED.

EXPENSES \$ 164577. INCLUDING GRANTS OF \$ 0. REVENUE \$ 164577.

SAFETY NET

THROUGH ITS SAFETY NET PROGRAM AREA, TRIDENT UNITED WAY WORKS TO CREATE
EFFICIENCY IN THE PROVISION OF EMERGENCY ASSISTANCE, LIKE FOOD,
CLOTHING AND SHELTER, AND TO AVOID DUPLICATION OF SERVICES. NOWHERE IS
THIS MORE EVIDENT THAN IN TUW PARTNERSHIP WITH HUMAN NEEDS NETWORK TO
BRING TO THE COMMUNITY CHARITY TRACKER, A WEB-BASED TRACKING SYSTEM
THAT HELPS STREAMLINE SERVICES BY CONNECTING ALL AREA PROVIDERS OF
BASIC NEEDS TO ONE ONLINE SYSTEM. BY AUGUST 2010, 75 AGENCIES AND
CHURCHES HAD PARTNERED TO HELP 45,000 CLIENTS CLAIM \$1.6 MILLION IN
EMERGENCY AID FOR RENT, UTILITIES AND MEDICATIONS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

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TRIDENT UNITED WAY

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TRIDENT UNITED WAY ALSO BROUGHT THE BENEFIT BANK TO THE LOWCOUNTRY.

PARTNERING WITH THE STATE OFFICE OF RURAL HEALTH AND DOZENS OF AGENCIES

THAT PROVIDE FOOD, CLOTHING AND SHELTER, BENEFIT BANK IS A WEB-BASED

SERVICE THAT HELPS PEOPLE DETERMINE THEIR ELIGIBILITY FOR WORK SUPPORTS

AND COMPLETE APPLICATIONS FOR THEM ALL AT ONCE. AS OF AUGUST 2010, TOW

HAD TRAINED 160 PEOPLE AT 45 SITES TO PROVIDE BENEFIT BANK SERVICES.

TO ENSURE ITS SERVICES ARE AVAILABLE THROUGHOUT THE TRI-COUNTY AREA

2,500 SQUARE MILES, TOW OPERATES SERVICES CENTERS IN BERKELEY AND

DORCHESTER COUNTIES. THE DORCHESTER SERVICE CENTER IN DOWNTOWN

SUMMERVILLE HOUSES 13 PROGRAMS SERVING 26,000 CLIENTS IN 2009. THE

BERKELEY SERVICE CENTER IN DOWNTOWN MONCKS CORNER HOUSES 18 PROGRAMS

SERVING 17,000 CLIENTS IN 2009.

TRIDENT UNITED WAY FUNDS 25 PROGRAMS OFFERING SAFETY NET SERVICES WITH

MORE THAN \$.5 MILLION. IN ADDITION, TOW ADMINISTERED FEDERAL GRANTS TO

41 AGENCIES HELPING PEOPLE IN THE DIREST NEED.

EXPENSES \$ 247480. INCLUDING GRANTS OF \$ 0. REVENUE \$ 247480.

MISCELLANEOUS PROGRAMS

EXPENSES \$ 44032. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

COMMUNICATION

MOST OF TRIDENT UNITED WAY'S WORK INVOLVES DEVELOPING AND FUNDING

PROGRAMS THAT ACHIEVE MEASURABLE RESULTS, FOSTERING COLLABORATIONS, AND

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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STRENGTHENING SYSTEMS THAT LEAD TO GREATER EFFECTIVENESS AND
EFFICIENCY. HOWEVER, THE ORGANIZATION ALSO DEDICATES RESOURCES TO
EDUCATING THE COMMUNITY ABOUT HUMAN SERVICE ISSUES AND POTENTIAL
SOLUTIONS. TOW DEDICATES ONE PERCENT OF REVENUES TO COMMUNICATING WITH
THE COMMUNITY AND REPORTING TO DONORS ABOUT THE MEASURABLE DIFFERENCE
THEIR CONTRIBUTIONS ARE MAKING IN PEOPLE LIVES. IN 2009, TOW PARTNERED
WITH AREA MEDIA FOR NEARLY A QUARTER OF A MILLION DOLLARS WORTH OF
TIME, SPACE, VISITS AND VIEWS AT A COST OF ROUGHLY \$50,000, A PAYOFF OF
ROUGHLY \$5 FOR EVERY DOLLAR SPENT.

COMMUNICATION WITH DONORS IS A YEAR-ROUND EFFORT, STARTING WITH MONTHLY
EMAIL NEWSLETTER, THE ONE MINUTE UPDATE. TOW UPDATES ITS WEBSITE
(TOW.ORG) DAILY AND POSTS NEW INFORMATION EVEN MORE FREQUENTLY ON ITS
FACEBOOK (FACEBOOK.COM/TRIDENTUNITEDWAY) AND TWITTER (TWITTER.COM/
TRIDENTUWAY) PAGES. THROUGH THESE VARIOUS TOOLS, TOW AIMS TO REPORT ON
ITS WORK TO DONORS, POTENTIAL DONORS AND THE COMMUNITY-AT-LARGE AND TO
RAISE AWARENESS OF THE MYRIAD COMMUNITY RESOURCES AVAILABLE TO THOSE IN
NEED AND SEEKING THE SUPPORT OF THOSE WHO HAVE THE ABILITY TO HELP.

TRIDENT UNITED WAY ALSO PROVIDES LIMITED TECHNICAL PR AND MARKETING
ASSISTANCE TO FUNDED PARTNERS. TOW HAS HELPED PARTNER ORGANIZATIONS
ACCESS FREE ADVERTISING, ENGAGE THE PRO BONO SERVICES OF MARKETING
COMMUNICATIONS AGENCIES, DEVELOP MARKETING PLANS FOR FUNDRAISING EVENTS
AND CONNECT WITH NEWS MEDIA.

UNIQUELY IN THE NON-PROFIT SECTOR, UNITED WAY ALLOWS ITS DONORS TO

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

TRIDENT UNITED WAY

Employer identification number

57-0314378

SELF-DIRECT THEIR GIFTS TO THE 501(C)(3) CHARITY OF THEIR CHOOSING.

AFTER ACCOUNTING FOR ITS FUNDRAISING COSTS, TRIDENT UNITED WAY

DISTRIBUTES EVERY DESIGNATED DOLLAR IT COLLECTS.

EXPENSES \$ 167718. INCLUDING GRANTS OF \$ 0. REVENUE \$ 167718.

DONOR DESIGNATED COMBINED FEDERAL CAMPAIGN

DURING THE CFC CAMPAIGN DONORS INDICATE ON PLEDGE CARDS THEIR DONOR

DESIGNATIONS. THESE ARE RECORDED AND HONORED AS THE PLEDGES ARE

RECIEVED.

EXPENSES \$ 1241285. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1241285.

TUW DONOR DESIGNATIONS

DURING THE TUW CAMPAIGN DONORS INDICATE ON PLEDGE CARDS THEIR DONOR

DESIGNATIONS. THESE ARE RECORDED AND HONORED AS THE PLEDGES ARE

RECIEVED.

EXPENSES \$ 966608. INCLUDING GRANTS OF \$ 0. REVENUE \$ 966608.

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE AND THE VP OF
FINANCE REVIEW THE FORM 990 AND RECOMMEND ITS APPROVAL TO THE FULL BOARD OF
DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY

REQUIRES THE BOARD OF DIRECTORS TO FILL OUT A CONFLICT OF INTEREST

STATEMETN EACH EYAR AND DISCLOSE ALL RELATED PARTY TRANSACTIONS WITH THE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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ORGANIZATION AND OTHER BOARD OF DIRECTOR MEMBERS. THESE ARE RETAINED ON
FILE FOR ONE YEAR.

FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTOR'S EXECUTIVE
COMMITTEE HAS STAFF PROVIDE A SALARY COMPARISON TO OTHER UNITED WAYS.
MUCH INFORMATION CAN BE RETAINED FROM NATIONAL.

FORM 990, PART VI, SECTION C, LINE 18: POLICIES AND PROCEDURES ARE
AVAILABLE TO THE PUBLIC ON THE NATIONAL WEBSITE AND FINANCIAL INFORMATION
IS AVAILABLE THROUGH GUIDESTAR.ORG WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19: POLICIES AND PROCEDURES ARE
AVAILABLE TO THE PUBLIC ON THE NATIONAL WEBSITE AND FINANCIAL INFORMATION
IS AVAILABLE THROUGH GUIDESTAR.ORG WEBSITE.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JESSE DOVE

(D) DESCRIPTION OF TRANSACTION: INVESTMENT BROKER HANDLED SOME
TRANSACTIONS