Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047 **2010**

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

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 **and ending** JUN 30, 2011

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

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): P.O. BOX 63305 | Room/suite

City or town, state or country, and ZIP + 4: NORTH CHARLESTON, SC 29419-3305

D Employer identification number 57-0314378

E Telephone number (843)740-9000

G Gross receipts $ 11427790.

F Name and address of principal officer: CHRIS KERRIGAN
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.TUW.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] 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 COMMUNITY INVESTMENT, HEALTH, EDUCATION, FINANCIAL STABILITY AND

2 Check this box ▶ [ ] 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 individuals employed in calendar year 2010 (Part V, line 2a)	5	92
6	Total number of volunteers (estimate if necessary)	6	8952
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	10049726.	10700107.
	9	Program service revenue (Part VIII, line 2g)	356057.	211983.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	299756.	315926.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-47377.	19433.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10658162.	11247449.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6107453.	2252598.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2566737.	3022184.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1046052.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1626087.	5258504.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10300277.	10533286.
	19	Revenue less expenses. Subtract line 18 from line 12	357885.	714163.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	15132533.	16727167.
	21	Total liabilities (Part X, line 26)	922136.	983461.
	22	Net assets or fund balances. Subtract line 21 from line 20	14210397.	15743706.

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 | Date

▶ CHRIS KERRIGAN, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN

Firm's name ▶ HUBBARD DAVIS CPAS, LLP | Firm's EIN ▶

Firm's address ▶ 990 LAKE HUNTER CIRCLE, STE 207
MOUNT PLEASANT, SC 29464 | Phone no. 843-881-3315

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ..... [X]

1 Briefly describe the organization's mission:
TRIDENT UNITED WAY (THE ORGANIZATION) ESTABLISHES A COMMUNITY STRATEGY AND IMPLEMENTS SOCIAL SERVICES AGENDA IN FOUR (4) PROGRAM AREAS: HEALTH, EDUCATION, FINANCIAL STABILITY, AND CONNECTING THE COMMUNITY. IN ADDITION, FINANCIAL SUPPORT TO PROGRAMS PROVIDING HEALTH

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 [X] 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 [X] 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.

4a (Code:) (Expenses $ 4384445. including grants of $) (Revenue $ 4384445.)
COMMUNITY INVESTMENT
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, FINANCIAL STABILITY 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 MAINTAIN GOOD HEALTH.

4b (Code:) (Expenses $ 1295173. including grants of $) (Revenue $ 1295173.)
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 56,000 CALLERS IN 2010. MOST OF THE CALLS ARE FOR HELP WITH BASIC NEEDS, BUT 2-1-1 ALSO ANSWERS CALLS ABOUT CHILD ABUSE, SUICIDE AND OTHER CRISIS.

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

4c (Code:) (Expenses $ 544569. including grants of $) (Revenue $ 544569.)
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 $2.2 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-87% OF THE CHILDREN IN THE PROGRAMS HAVE IMPROVED THEIR READING TEST SCORES AND 83% IMPROVED THEIR

4d Other program services. (Describe in Schedule O.)
(Expenses $ 2970984. including grants of $) (Revenue $ 2942493.)

4e **Total program service expenses** ▶ 9195171.

SEE SCHEDULE O FOR CONTINUATION(S)

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	21	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? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☒ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	92		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response to any question in this Part VI ..... [X]

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 43			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 43			
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?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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*	9		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?	10a		X
b	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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b		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?	16a		X
b	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?	16b		

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.

[X] 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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
NELLA G. BARKLEY DIRECTOR	2.00	X						0.	0.	0.
CINDY BRAMS DIRECTOR	2.00	X						0.	0.	0.
LONNIE CARTER CHAIR	6.00	X		X				0.	0.	0.
GIFF DAUGHTRIDGE DIRECTOR	2.00	X						0.	0.	0.
DAN DAVIS DIRECTOR	2.00	X						0.	0.	0.
DAVID L. DUNLAP DIRECTOR	2.00	X						0.	0.	0.
MARK J. DUNLAY DIRECTOR	2.00	X						0.	0.	0.
RICHARD A. FARRIER DIRECTOR	2.00	X						0.	0.	0.
CAROL FISHMAN DIRECTOR	2.00	X						0.	0.	0.
TODD GALLATI DIRECTOR	2.00	X						0.	0.	0.
JERRY P. GAZES DIRECTOR	2.00	X						0.	0.	0.
DAVID A. GEER DIRECTOR	2.00	X						0.	0.	0.
JAMES W. GRAY DIRECTOR	2.00	X						0.	0.	0.
MOLLY F. GREENE DIRECTOR	2.00	X						0.	0.	0.
WILLIAM HAWKINS DIRECTOR	2.00	X						0.	0.	0.
WILLIAM S. HELMLY DIRECTOR	2.00	X						0.	0.	0.
F. KIN HILL DIRECTOR	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 (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
BRUCE W. HOFFMAN DIRECTOR	2.00	X						0.	0.	0.
RON JOCOBS DIRECTOR	2.00	X						0.	0.	0.
DON E. KASSING CAMPAIGN CHAIR	5.00	X		X				0.	0.	0.
DAVID MACK DIRECTOR	2.00	X						0.	0.	0.
NANCY J. MCGINLEY DIRECTOR	2.00	X						0.	0.	0.
JULIE MEDICH DIRECTOR	2.00	X						0.	0.	0.
LISA MITCHELL DIRECTOR	2.00	X						0.	0.	0.
LISA MONTGOMERY DIRECTOR	2.00	X						0.	0.	0.
WILLIAM A. MOODY COMMUNITY BUILIDNG CHAIR	5.00	X		X				0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								400150.	0.	88207.
d Total (add lines 1b and 1c) ▶								400150.	0.	88207.

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 ▶ 3

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	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
LOWCOUNTRY FOOD BANK 2864 AZALEA DRIVE, CHARLESTON, SC 29405	PROGRAM SERVICES	324190.
CIS CHARLESTON, 1090 EAST MONTAGUE AVE. , CHARLESTON, SC 29403	EDUCATIOPN LINKS TO SUCCESS	290281.
AMERICAN RED CROSS, CAROLINA LOWCOUNTRY CHA 8085 RIVERS AVE., SUTIE F, NORTH CHARLESTON	PROGRAM SERVICES	275987.
CRISIS MINISTRIES P.O. BOX 20038, CHARLESTON, SC 29413	PROGRAM SERVICES	215173.
CAROLINA YOUTH DEVELOPMENT CENTER, 5055 LACKAWANNA BLVD.,, NORTH CHARLESTON, SC	PROGRAM SERVICES	213744.

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 ▶ 5

SEE PART VII, SECTION A CONTINUATION SHEETS

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
GENE OSWALT DIRECTOR	2.00	X						0.	0.	0.
ANTHONY PARKER DIRECTOR	2.00	X						0.	0.	0.
CHARLES PATRICK DIRECTOR	2.00	X						0.	0.	0.
GRETCHEN PENNEY DIRECTOR	2.00	X						0.	0.	0.
JOHN RUSS TREASURER	5.00	X		X				0.	0.	0.
DAVID R. SCHOOLS DIRECTOR	2.00	X						0.	0.	0.
RITA SCOTT DIRECTOR	2.00	X						0.	0.	0.
KENNETH SEEGER DIRECTOR	2.00	X						0.	0.	0.
CHERIE TOLLEY DIRECTOR	2.00	X						0.	0.	0.
JASON WARD DIRECTOR	2.00	X						0.	0.	0.
ROBERT WHITTEN DIRECTOR	2.00	X						0.	0.	0.
JEREMY WILLITS DIRECTOR	2.00	X						0.	0.	0.
PATRICIA WILSON DIRECTOR	2.00	X						0.	0.	0.
COL. JOHN WOOD DIRECTOR	2.00	X						0.	0.	0.
LINDA WOODSIDE DIRECTOR	2.00	X						0.	0.	0.
CLARENCE WRIGHT DIRECTOR	2.00	X						0.	0.	0.
ANITA ZUCKER DIRECTOR	2.00	X						0.	0.	0.
CHRIS KERRIGAN PRESIDENT	50.00				X	X		185551.	0.	46531.
BONNIE BELLA VP COMMUNITY BUILDING	50.00					X		107075.	0.	19011.
DAVI NICOLE VP CAMPAIGN	50.00					X		107524.	0.	22665.
Total to Part VII, Section A, line 1c								400150.		88207.

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 745578.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 9954529.				
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f ▶		10700107.			
Program Service Revenue		Business Code				
	2 a PROGRAM SERVICE FEES	519100	211983.	211983.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		211983.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		228515.	228515.		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6 a Gross Rents	199774. /				
	b Less: rental expenses	180341. /				
	c Rental income or (loss)	19433. /				
	d Net rental income or (loss) ▶		19433.	19433.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities 87411. / (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)	87411. /				
	d Net gain or (loss) ▶		87411.	87411.		
	8 a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events ▶					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11 a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶					
	12 **Total revenue.** See instructions. ▶		11247449.	547342.	0.	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	2252598.	2252598.		
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	185551.	111331.	18555.	55665.
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	2171330.	1621111.	100358.	449861.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	207745.	124647.	20775.	62323.
9 Other employee benefits	285243.	171146.	28524.	85573.
10 Payroll taxes	172315.	103389.	17232.	51694.
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	47483.	28490.	4748.	14245.
g Other	530624.	370650.	76916.	83058.
12 Advertising and promotion	86983.	84284.	570.	2129.
13 Office expenses	116599.	59279.	17599.	39721.
14 Information technology				
15 Royalties				
16 Occupancy	257348.	143984.	96155.	17209.
17 Travel	69522.	45487.	4766.	19269.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	187132.	106911.	11222.	68999.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	60688.	22930.	30300.	7458.
23 Insurance	21728.	5296.	14998.	1434.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a ALLOCATIONS	3711986.	3711986.		
b UW NATIONAL FEES	151110.	110511.	13581.	27018.
c PRINTING	149898.	85995.	6915.	56988.
d MISCELLANEOUS	34493.	35146.	1239.	-1892.
e BANK CHARGES	13251.		7951.	5300.
f All other expenses	-180341.		-180341.	
25 **Total functional expenses.** Add lines 1 through 24f	10533286.	9195171.	292063.	1046052.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). 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		2716207.	1	3196325.
	2	Savings and temporary cash investments		413351.	2	670231.
	3	Pledges and grants receivable, net		3775880.	3	3899188.
	4	Accounts receivable, net		133140.	4	71689.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		123193.	9	22814.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2213923.			
	b	Less: accumulated depreciation	10b 610321.	1589893.	10c	1603602.
	11	Investments - publicly traded securities		6381317.	11	7263318.
	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		-448.	15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		15132533.	16	16727167.
Liabilities	17	Accounts payable and accrued expenses		922136.	17	983461.
	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		922136.	26	983461.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		8781892.	27	10014026.
	28	Temporarily restricted net assets		4960977.	28	5170074.
	29	Permanently restricted net assets		467528.	29	559606.
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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		14210397.	33	15743706.
	34	Total liabilities and net assets/fund balances		15132533.	34	16727167.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ..... [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11247449.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10533286.
3	Revenue less expenses. Subtract line 2 from line 1	3	714163.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14210397.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	819146.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	15743706.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] 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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [ ] 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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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
2010
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
(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?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10768114.	10324337.	10252152.	10405783.	10912090.	52662476.
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	10768114.	10324337.	10252152.	10405783.	10912090.	52662476.
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.						52662476.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	10768114.	10324337.	10252152.	10405783.	10912090.	52662476.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	711229.	268802.	376461.	299756.	315926.	1972174.
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.)	120104.	23532.	5358.	-47377.	19433.	121050.
11 **Total support.** Add lines 7 through 10						54755700.

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 2010 (line 6, column (f) divided by line 11, column (f))	14	96.18 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	96.08 %

16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** 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

2010

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? ☐ Yes ☐ 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? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		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	467528.	616784.			
b Contributions	20562.	82032.			
c Net investment earnings, gains, and losses	102707.	-3220.			
d Grants or scholarships		-12000.			
e Other expenditures for facilities and programs	-31191.	-216068.			
f Administrative expenses					
g End of year balance	559606.	467528.			

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 **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.	541654.	997509.
c Leasehold improvements				
d Equipment				
e Other		184760.	68667.	116093.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1603602.

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

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

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11247449.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10533286.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	714163.
4	Net unrealized gains (losses) on investments	4	819146.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	819146.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1533309.

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	9946855.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	819146.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	180341.		
e	Add lines **2a** through **2d**			2e	999487.
3	Subtract line **2e** from line **1**			3	8947368.
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	47483.		
b	Other (Describe in Part XIV.)	4b	2252598.		
c	Add lines **4a** and **4b**			4c	2300081.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	11247449.

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

1	Total expenses and losses per audited financial statements			1	8413546.
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	180341.		
e	Add lines **2a** through **2d**			2e	180341.
3	Subtract line **2e** from line **1**			3	8233205.
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	47483.		
b	Other (Describe in Part XIV.)	4b	2252598.		
c	Add lines **4a** and **4b**			4c	2300081.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	10533286.

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.

THE $180,341 IS COMMERICAL RENTAL EXPENSES.

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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047
2010
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? [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUW AND CFC DONOR DESIGNATIONS P.O. BOX 63305 NORTH CHARLESTON, SC 29419			2252598.	0.			TUW AND CFC DONOR DESIGNATIONS FROM ANNUAL CAMPAIGN
TUW - BOARD DIRECTED ALLOCATIONS TO OTHER NOT-FOR-PROFITS - P.O. BOX 63305 - NORTH CHARLESTON, SC 29419			3711986.	0.			COMMUNITY INVESTMENTS 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 ▶

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

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

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 ALLOCATIONS 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)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: TRIDENT UNITED WAY

Employer identification number 57-0314378

Part I Questions Regarding Compensation

			Yes	No
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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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	1b		
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?	2	X	
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. ☒ Compensation committee ☒ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ 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 from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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?	5a		X
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHRIS KERRIGAN	(i)	171018.	14533.	0.	0.	46531.	232082.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization: TRIDENT UNITED WAY

Employer identification number 57-0314378

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

CONNECTING THE COMMUNITY PROGRAMS.

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

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:

HUNDREDS OF VOLUNTEERS AND PARTNER ORGANIZATIONS FROM THROUGHOUT BERKELEY, CHARLESTON AND DORCHESTER COUNTIES WORKED WITH TRIDENT UNITED WAY THIS YEAR TO RE-FOCUS OUR EFFORTS AROUND BROAD COMMUNITY GOALS. THESE GOALS-TO SLASH THE DROPOUT RATE BY 60%, REDUCE THE NUMBER OF PEOPLE AT OR NEAR POVERTY BY 30% AND BOOST THE NUMBER OF PEOPLE LIVING HEALTHY BY 25%, ALL BY 2020-FORM THE BEDROCK OF TUW WORK GOING FORWARD.

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 $7 MILLION IN PROGRAMS MEASURABLY HELPING PEOPLE IN NEED IN OUR COMMUNITY. THE ORGANIZATION ALSO FORWARDS ROUGHLY $2.2 MILLION IN GIFTS DESIGNATED BY DONORS TO OTHER

Name of the organization: TRIDENT UNITED WAY

Employer identification number: 57-0314378

ORGANIZATIONS.

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

WAY DAY OF CARING, CONSISTENTLY THE LARGEST DAY OF CARING IN THE NATION. IN 2010, 7,100 PEOPLE VOLUNTEERED ON SEPT. 11 AT 400 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 2,000 YOUTH PARTICIPATED IN 2010. RESEARCH SHOWS THAT CHILDREN WHO VOLUNTEER IN THEIR COMMUNITY ARE SIGNIFICANTLY MORE LIKELY TO CONTINUE VOLUNTEERING INTO ADULTHOOD.

BEGUN JUST THIS PAST YEAR, TRIDENT UNITED WAY CORPORATE VOLUNTEER COUNCIL (CVC) ALREADY COMPRISES 40 COMPANY REPRESENTATIVES AND BOASTS A NATIONAL AWARD FROM THE POINTS OF LIGHT FOUNDATION. CVC IS A ROBUST EFFORT TO HELP LOCAL COMPANIES MAKE COMMUNITY SERVICE PART OF THEIR CORPORATE CULTURE.

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

Name of the organization: TRIDENT UNITED WAY

Employer identification number: 57-0314378

PROGRAM DECIDED TO VOLUNTEER ELSEWHERE AS WELL.

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

MATH TEST SCORES-BECAUSE MULTIPLE PARTNER ORGANIZATIONS 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 SERVICES. 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 IN THE RIGHT PLACE AT THE RIGHT TIME. SPECIFICALLY, TUW IS WORKING TO IMPROVE ACCESS TO HEALTH CARE AND TO HELP REDUCE THE INCIDENCE OF PREVENTABLE CHRONIC DISEASES IN OUR COMMUNITY.

Name of the organization: TRIDENT UNITED WAY

Employer identification number: 57-0314378

MOST NOTABLE IS TUW WORK CONVENING AN UNPRECEDENTED COLLABORATION OF AREA HEALTH CARE PROVIDERS IN AN EFFORT TO PROVIDE CARE TO LOW-INCOME UNINSURED PEOPLE IN A MORE COMPREHENSIVE AND COST-EFFECTIVE WAY. KNOWN AS ACCESSHEALTH AND FUNDED BY TUW, AREA HOSPITALS AND A THREE-YEAR $750,000 DUKE ENDOWMENT GRANT, ACCESSHEALTH HAS ALREADY BEGUN CONNECTING PEOPLE TO THE CARE THEY NEED. BECAUSE THE COST OF CARE FOR UNINSURED PATIENTS IS ULTIMATELY BORNE BY EVERYONE ELSE, ACCESSHEALTH COULD EVENTUALLY HELP SLOW THE INCREASE IN YOUR HEALTH CARE COSTS.

FUNDED PARTNERS WORKING TO IMPROVE PEOPLE 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 $ 436339. INCLUDING GRANTS OF $ 0. REVENUE $ 436339.

FINANCIAL STABILITY

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

TRIDENT UNITED WAY INVESTED NEARLY $1 MILLION DOLLARS IN PROGRAMS THAT HELP PEOPLE BUILD FINANCIAL ASSETS. AMONG THESE IS A 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 2,700 FAMILIES CLAIM $3 MILLION IN CREDITS AND REFUNDS, AND AVOID UNSCRUPULOUS TAX

Name of the organization: TRIDENT UNITED WAY

Employer identification number: 57-0314378

PREPARERS THAT CHARGE OUTRAGEOUS FEES AND PUSH UNNECESSARY AND EXPENSIVE RAPID REFUND LOANS.

TRIDENT UNITED WAY ALSO 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. AGENCIES AND CHURCHES HAVE PARTNERED TO HELP 20,000 FAMILIES CLAIM NEARLY $3 MILLION IN EMERGENCY AID FOR RENT, UTILITIES AND MEDICATIONS.

TRIDENT UNITED WAY ALSO HELPED TO BRING 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. BENEFIT BANK NOW SERVES PEOPLE AT DOZENS OF SITES IN THE THREE COUNTIES WITH THE HELP OF EIGHT AMERICORPS MEMBERS SELECTED FOR DUTY BY TUW.

TO ENSURE ITS SERVICES ARE AVAILABLE THROUGHOUT THE TRI-COUNTY AREA 2,500 SQUARE MILES, TUW 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.

OUR FUNDED PARTNERS HAVE PRODUCED SOME IMPRESSIVE RESULTS. NINETY-FIVE

Name of the organization: TRIDENT UNITED WAY

Employer identification number: 57-0314378

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 ADULT EDUCATION PROGRAM WHO TOOK THE GED EXAM, 53 PASSED.

EXPENSES $ 253556.   INCLUDING GRANTS OF $ 0.   REVENUE $ 253556.

DONOR DESIGNATIONS

DURING THE CAMPAIGN DONDORS INDICUATE ON PLEDGE CARDS THEIR DONOR DESIGNATIONS. THESE ARE RECORDED AND HONORED AS THE PLEDGES ARE RECEIVED.

EXPENSES $ 2252598.   INCLUDING GRANTS OF $ 0.   REVENUE $ 2252598.

MISCELLANEOUS PROGRAMS

BASIC NEEDS

THROUGH ITS SAFETY NET PROGRAM AREA, TRIDENT UNITED WAY FUNDS 25 PROGRAMS OFFERING SAFETY NET SERVICES WITH MORE THAN $1.5 MILLION. IN ADDITION, TUW ADMINISTERED FEDERAL GRANTS TO ROUGHLY 40 AGENCIES HELPING PEOPLE IN THE DIREST NEED.

COMMUNICATION

MOST OF TRIDENT UNITED WAY WORK INVOLVES DEVELOPING AND FUNDING PROGRAMS THAT ACHIEVE MEASURABLE RESULTS, FOSTERING COLLABORATIONS, AND STRENGTHENING SYSTEMS THAT LEAD TO GREATER EFFECTIVENESS AND EFFICIENCY. HOWEVER, THE ORGANIZATION ALSO DEDICATES RESOURCES TO

Name of the organization: TRIDENT UNITED WAY

Employer identification number: 57-0314378

EDUCATING THE COMMUNITY ABOUT HUMAN SERVICE ISSUES AND POTENTIAL SOLUTIONS. TUW DEDICATES ONE PERCENT OF REVENUES TO COMMUNICATING WITH THE COMMUNITY AND REPORTING TO DONORS ABOUT THE MEASURABLE DIFFERENCE THEIR CONTRIBUTIONS ARE MAKING IN PEOPLES LIVES. IN 2010, TUW 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. TUW UPDATES ITS WEBSITE (TUW.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, TUW 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. TUW HAS HELPED PARTNER ORGANIZATIONS ACCESS FREE ADVERTISING, ENGAGE THE PROBONO SERVICES OF MARKETING COMMUNICATIONS AGENCIES, DEVELOP MARKETING PLANS FOR FUNDRAISING EVENTS AND CONNECT WITH NEWS MEDIA. IN THE PAST YEAR, UNITED WAY MARKETING SUPPORT HELPED THE FOOD BANK DOUBLE THE SIZE OF ITS LARGEST FOOD DRIVE AND WIN A NATIONAL COMPETITION FOR $100,000 IN WALMART CONTRIBUTIONS, $70,000 OF WHICH WENT TO THE FOOD BANK AND $30,000 OF WHICH WENT TO THE BENEFIT BANK.

EXPENSES $ 28491.   INCLUDING GRANTS OF $ 0.   REVENUE $ 0.

Name of the organization: TRIDENT UNITED WAY

Employer identification number: 57-0314378

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 STATEMENT EACH YEAR AND DISCLOSE ALL RELATED PARTY TRANSACTIONS WITH THE 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 EXECUTIVE COMMITTEE HAS STAFF PROVIDE A SALARY COMPARISON TO OTHER UNITED WAYS. NATIONAL PROVIDES SIGNIFICANT INFORMATION.

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.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 819146.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	(D)CHAIRS (2)	043089	SL	7.00	16	240.			240.	240.		0.
2	(D)MICROWAVE	030191	SL	5.00	16	168.			168.	168.		0.
3	(D)TELEPHONE - CHARLEST	040191	SL	8.00	16	33612.			33612.	33612.		0.
4	(D)PLANTS	060191	SL	5.00	16	557.			557.	557.		0.
5	(D)DISHES	070191	SL	8.00	16	796.			796.	796.		0.
15	(D)TELEPHONE - DORCHES	070191	SL	8.00	16	2531.			2531.	2531.		0.
16	(D)COPIER	100191	SL	5.00	16	2634.			2634.	2634.		0.
17	(D)VCR (2)	100191	SL	8.00	16	848.			848.	848.		0.
18	BUILDING - BERKELEY	120191	SL	30.00	16	64808.			64808.	40144.		2160.
19	BUILDING IMPROVEMENT	120191	SL	40.00	16	73300.			73300.	63102.		1833.
20	(D)GOOD SIGN	120191	SL	15.00	16	960.			960.	960.		0.
21	(D)TELEPHONE - BERKELEY	120191	SL	8.00	16	6537.			6537.	6537.		0.
23	(D)HEADSET - POLARRIS	082692	SL	8.00	16	136.			136.	136.		0.
24	(D)MONITOR-BERKELEY	122392	SL	5.00	16	138.			138.	138.		0.
25	(D)HP 4L LASER	042594	SL	5.00	16	708.			708.	708.		0.
28	(D)COMPUTER & SOFTWARE	040295	SL	5.00	16	75811.			75811.	75811.		0.
29	(D)PENTIUM 75	100195	SL	5.00	16	1615.			1615.	1615.		0.
30	(D)OFFICE FURNITURE	111997	SL	5.00	16	16866.			16866.	16866.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
31	BUILDING IMPROVEMENT	010198	SL	40.00	16	272806.			272806.	86748.		6820.
32	BUILDING IMPROVEMENT	010198	SL	40.00	16	12899.			12899.	4095.		322.
33	(D)OFFICE FURNITURE	010198	SL	5.00	16	659.			659.	659.		0.
34	(D)OFFICE FURNITURE	010198	SL	5.00	16	2200.			2200.	2200.		0.
35	RIVERS AVENUE BLDG	010198	SL	40.00	16	1110000.			1110000.	307609.		27750.
36	(D)TELE & DATA	010598	SL	10.00	16	7546.			7546.	7546.		0.
37	(D)SHELVING	010698	SL	10.00	16	3223.			3223.	3223.		0.
38	(D)INTERIOR FURNISHINGS	010998	SL	7.00	16	108596.			108596.	108596.		0.
39	(D)OFFICE FURNITURE	012898	SL	5.00	16	636.			636.	636.		0.
40	(D)OFFICE FURNITURE	012998	SL	5.00	16	24305.			24305.	24305.		0.
41	(D)SIGN	033098	SL	10.00	16	2843.			2843.	2843.		0.
42	(D)SIGN	033098	SL	10.00	16	75.			75.	75.		0.
43	(D)OFFICE FURNITURE	042798	SL	5.00	16	1948.			1948.	1948.		0.
44	(D)MONITOR	070998	SL	5.00	16	419.			419.	419.		0.
45	(D)MONITOR	070998	SL	5.00	16	636.			636.	636.		0.
46	(D)VISUAL FA SYSTEM	112998	SL	5.00	16	788.			788.	788.		0.
47	(D)VARIOUS EQUIPMENT	010199	SL	10.00	16	898.			898.	898.		0.
48	(D)VARIOUS EQUIPMENT	010199	SL	10.00	16	9670.			9670.	9670.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
49	(D)MAILING MACHING	012999	SL	5.00	16	2098.			2098.	2098.		0.
50	(D)LAP LINK PRO	021199	SL	5.00	16	140.			140.	140.		0.
51	(D)PRINTER OL600E	022299	SL	5.00	16	158.			158.	158.		0.
52	(D)COMPUTER C6300-(2)	022599	SL	5.00	16	2598.			2598.	2598.		0.
53	(D)PRINTER CABLE	030199	SL	5.00	16	50.			50.	50.		0.
54	(D)17" MONITOR	030299	SL	7.00	16	270.			270.	270.		0.
55	(D)EQUIPMENT	030299	SL	5.00	16	315.			315.	315.		0.
56	(D)3 COM 24 PORT	030399	SL	5.00	16	2804.			2804.	2804.		0.
57	(D)MITA AI-4040 PRINTER	051899	SL	5.00	16	16430.			16430.	16430.		0.
58	(D)COMPAQ PROLIANT 3000	070199	SL	5.00	16	26083.			26083.	26083.		0.
59	(D)ANTI VIRUS SOFTWARE	070299	SL	7.00	16	903.			903.	903.		0.
60	(D)APC SMART UPS	070299	SL	7.00	16	885.			885.	885.		0.
61	(D)DESKPRO EP CELL 400	071599	SL	5.00	16	1768.			1768.	1768.		0.
62	(D)COMPUTER PC CONNECT	092999	SL	5.00	16	2183.			2183.	2183.		0.
63	(D)EQUIPMENT	010100	SL	5.00	16	2326.			2326.	2326.		0.
64	(D)EQUIPMENT	010100	SL	5.00	16	141.			141.	141.		0.
65	(D)COMPAQ & CARRY CASE	042500	SL	5.00	16	1535.			1535.	1535.		0.
66	(D)OFFICE FURNITURE	051500	SL	5.00	16	361.			361.	361.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
67	(D)PROAIGNIA P3-600	051500	SL	5.00	16	1894.			1894.	1894.		0.
68	(D)EQUIPMENT	060800	SL	5.00	16	261.			261.	261.		0.
69	(D)FINANCIAL SYSTEM	060800	SL	3.00	16	12500.			12500.	12500.		0.
70	(D)OKIDATA OICOLOR	071200	SL	5.00	16	3620.			3620.	3620.		0.
71	(D)VARIOUS EQUIPMENT	080100	SL	5.00	16	218.			218.	218.		0.
72	(D)BATCH TRAX SOFTWARE	093000	SL	3.00	16	995.			995.	995.		0.
73	(D)COMPUTER EQUIPMENT	101100	SL	5.00	16	2500.			2500.	2500.		0.
74	(D)OFFICE FURNITURE	102300	SL	5.00	16	1998.			1998.	1998.		0.
75	(D)COMPAQ EX 733	102400	SL	5.00	16	2144.			2144.	2144.		0.
76	(D)COMPAQ EX 733	102400	SL	7.00	16	1831.			1831.	1831.		0.
77	(D)COMPUTER-GATEWAY	103100	SL	5.00	16	1697.			1697.	1697.		0.
78	(D)OKIPAGE 8Z PRINTER	010501	SL	5.00	16	562.			562.	562.		0.
79	(D)17" MONITOR - OPAQUE	011101	SL	5.00	16	291.			291.	291.		0.
80	(D)17" MONITOR - OPAQUE	011101	SL	5.00	16	292.			292.	292.		0.
81	(D)17" MONITOR - OPAQUE	011101	SL	5.00	16	291.			291.	291.		0.
82	(D)CD ROM INTERNAL	011101	SL	5.00	16	60.			60.	60.		0.
83	(D)COMPAQ EX CEL 566	011101	SL	5.00	16	1055.			1055.	1055.		0.
84	(D)COMPAQ EX CEL 566	011101	SL	5.00	16	1177.			1177.	1177.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
85	(D)COMPAQ EX CEL 566	011101	SL	5.00	16	1294.			1294.	1294.		0.
86	(D)OKIPAGE 8Z PRINTER	020501	SL	5.00	16	281.			281.	281.		0.
87	(D)OKIPAGE 15E PRINTER	021201	SL	5.00	16	827.			827.	827.		0.
88	(D)IRIS SOFTWARE	021401	SL	3.00	16	7790.			7790.	7790.		0.
89	(D)COMPAQ P3-667	021901	SL	5.00	16	1161.			1161.	1161.		0.
90	(D)OKIPAGE 15E PRINTER	030501	SL	5.00	16	413.			413.	413.		0.
91	(D)OFFICE FURNITURE	040601	SL	5.00	16	329.			329.	329.		0.
92	(D)OFFICE FURNITURE	041201	SL	5.00	16	2654.			2654.	2654.		0.
93	(D)17" MONITOR	041601	SL	5.00	16	541.			541.	541.		0.
94	(D)OFFICE FURNITURE	041701	SL	5.00	16	170.			170.	170.		0.
95	(D)COMPAQ P3-733MHZ	041801	SL	5.00	16	991.			991.	991.		0.
96	(D)OFFICE FURNITURE	042001	SL	5.00	16	12473.			12473.	12473.		0.
97	(D)COMPAQ ARMADA	042601	SL	5.00	16	996.			996.	996.		0.
98	(D)COMPAQ ARMADA	042601	SL	5.00	16	996.			996.	996.		0.
99	(D)INSPRION 2500 LAPTOP	053101	SL	5.00	16	1999.			1999.	1999.		0.
100	(D)HOTLINE EQUIPMENT	061501	SL	5.00	16	4974.			4974.	4974.		0.
101	(D)COMPUTER	062901	SL	5.00	16	1236.			1236.	1236.		0.
102	(D)OTHER EQUIPMENT	070101	SL	3.00	16	3052.			3052.	3052.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
103	(D)E-MAIL SYSTEM	071601	SL	5.00	16	6200.			6200.	6200.		0.
104	(D)COMPAQ DESKPRO	071701	SL	5.00	16	1463.			1463.	1463.		0.
105	(D)SINGLE USER IRIS (2)	081601	SL	5.00	16	3000.			3000.	3000.		0.
106	(D)MITA DC 2360	092801	SL	5.00	16	2385.			2385.	2385.		0.
107	(D)EQUIPMENT	033002	SL	5.00	16	1304.			1304.	1304.		0.
108	(D)DESKPRO EVO WKSTN	050902	SL	5.00	16	3609.			3609.	3609.		0.
109	(D)COMPAQ MML 330 SERVE	052102	SL	5.00	16	6586.			6586.	6586.		0.
110	(D)DESKPRO	071602	SL	5.00	16	4224.			4224.	4224.		0.
111	(D)AIR CONDITIONING	092602	SL	7.00	16	2090.			2090.	2090.		0.
112	(D)COMPUTER & MONITOR	093002	SL	5.00	16	1666.			1666.	1666.		0.
113	(D)COMPUTER CIRCUIT CIT	101102	SL	5.00	16	1322.			1322.	1322.		0.
114	(D)IRIS SOFTWARE	103102	SL	5.00	16	4560.			4560.	4560.		0.
115	(D)TOP GIVER SOFTWARE	112502	SL	5.00	16	11885.			11885.	11885.		0.
116	(D)COPIER	041503	SL	5.00	16	2198.			2198.	2198.		0.
117	(D)COMPUTER EQUIPMENT	092203	SL	5.00	16	550.			550.	550.		0.
118	(D)HP LASER JET	100803	SL	5.00	16	2161.			2161.	2160.		0.
119	(D)CABLE DSL ROUTER	102103	SL	5.00	16	670.			670.	670.		0.
120	(D)TELEPHONE EQUIPMENT	120203	SL	5.00	16	3786.			3786.	3786.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
121	(D)TELEPHONE EQUIPMENT	120203	SL	5.00	16	3055.			3055.	3055.		0.
122	(D)TELEPHONE SYSTEM	120203	SL	5.00	16	1220.			1220.	1220.		0.
123	(D)TELEPHONE SYSTEM	120203	SL	7.00	16	44179.			44179.	44179.		0.
124	(D)COMPUTER	012804	SL	5.00	16	747.			747.	746.		0.
125	(D)COMPAQ P3-733	032304	SL	5.00	16	1317.			1317.	1317.		0.
126	(D)IRIS SOFTWARE	051104	SL	3.00	16	3500.			3500.	3500.		0.
127	(D)EQUIPMENT	063005	SL	5.00	16	24695.			24695.	24695.		0.
128	HP COMPUTER	081505	SL	5.00	16	1182.			1182.	1062.		39.
129	OFFICE FURNITURE	091505	SL	5.00	16	3696.			3696.	3009.		185.
130	TELEPHONE SYSTEM	101805	SL	5.00	16	5679.			5679.	5112.		379.
131	OFFICE PARTITIONS	111805	SL	5.00	16	3226.			3226.	2903.		269.
132	PARKING LOT REPAIR	111805	SL	40.00	16	5350.			5350.	937.		134.
133	COMPUTER EQUIPMENT	113005	SL	5.00	16	612.			612.	549.		51.
134	HO COMPUTER	123105	SL	5.00	16	1815.			1815.	1634.		181.
135	COMPUTER	102506	SL	5.00	16	713.			713.	465.		143.
136	PRINTER	110606	SL	5.00	16	935.			935.	592.		187.
137	PRINTER	042507	SL	5.00	16	9056.			9056.	5433.		1811.
138	PRINTER	042507	SL	5.00	16	1151.			1151.	690.		230.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
139	PRINTER	063007	SL	5.00	16	7913.			7913.	4749.		1583.
140	COPIER	061508	SL	5.00	16	7755.			7755.	3296.		1551.
141	COMPUTER EQUIPMENT	073108	SL	5.00	16	3414.			3414.	1366.		683.
142	COPIER	080508	SL	5.00	16	7755.			7755.	3102.		1551.
143	2009 TOYOTA CAMRY	082608	SL	5.00	16	17569.			17569.	6246.		3514.
144	COMPUTER EQUIPMENT	091508	SL	5.00	16	1173.			1173.	470.		235.
145	VARIOUS EQUIPMENT	013109	SL	3.00	16	886.			886.	590.		296.
146	BLACKBAUD FINAN EDGE	062909	SL	5.00	16	14025.			14025.	2805.		2805.
147	CHARLESTON BLDG SIGN	062909	SL	10.00	16	1800.			1800.	180.		180.
148	BERELEY BLDG IMPROV	063009	SL	10.00	16	1538.			1538.	154.		154.
149	HVAC BERKELEY	063009	SL	5.00	16	2679.			2679.	536.		536.
150	LAND	120191	L			490000.			490000.			0.
151	HVAC REPLACEMENT COMPONENT	042910	SL	15.00	16	6538.			6538.	436.		436.
152	RIVERS AVENUE WIRING	060109	SL	5.00	16	1979.			1979.	396.		396.
153	BLACKBAUD FINAN EDGE	121509	SL	4.00	16	6827.			6827.	1707.		1707.
154	DRIVE THROUGH PILINGS AND ROOF	123110	SL	10.00	16	18900.			18900.			945.
155	STAIRWELL FLOORING	043011	SL	5.00	16	9078.			9078.			303.
156	ACCESSHEALTH SOFTWARE LICENSE -	063011	SL	4.00	16	46867.			46867.			0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* TOTAL 990 PAGE 10 DEPR					2797506.		0.	2797506.	1133697.	0.	59369.

028102
05-01-10

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2010, or fiscal year beginning JUL 1, 2010, and ending JUN 30, 20 11

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions.**

OMB No. 1545-1878

2010

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

Name and title of officer
CHRIS KERRIGAN
PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	11247449
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ [ ]	**b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[ ] I authorize ______________________ (ERO firm name) to enter my PIN [ ] (Enter five numbers, but do not enter all zeros)

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[X] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ______________________ Date ▶ ____________

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 57669708157
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ ______________________ Date ▶ ____________

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So